

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48870

FILED
Apr 23, 2007
Secretary of State

Entity Name: PRINTED PRODUCTS, INC.

Current Principal Place of Business:

2202 N. MAIN STREET
JACKSONVILLE, FL 322063760

New Principal Place of Business:

Current Mailing Address:

PO BOX 43508
JACKSONVILLE, FL 322033508

New Mailing Address:

FEI Number: 59-2546765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKELL, MERLE A
2202 N MAIN ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: MIKELL, THOMAS C,
Address: 2202 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: P () Delete
Name: MIKELL, THOMAS C
Address: 2202 N. MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. MIKELL

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date