


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006 08:00 A
Secretary of State

DOCUMENT # J12867	
1. Entity Name HD QUIKPRINT AND DISCOUNT OFFICE SUPPLIES, INC.	

Principal Place of Business 6336 UNIVERSITY BLVD WINTER PARK, FL 32792	Mailing Address 6336 UNIVERSITY BLVD WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE



05112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2669923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERTHOLD, MARK W. 9000 WOODBREEZE BLVD. WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTHOLD, MARK W. 9000 WOODBREEZE BLVD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHILLING, CHRISTINE A 5102 LA MANCHA CT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BERTHOLD, J. KENNETH 487 JULIAN LANE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Berthold* **Mark Berthold** 5-11-06 407-678-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #