


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J18464		
1. Entity Name, B & H PRINTING, INC.		

FILED

04 AUG 23 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 125 N.W. 23RD AVE. SUITE 13 GAINESVILLE, FL 32609	Mailing Address 125 N.W. 23RD AVE. SUITE 13 GAINESVILLE, FL 32609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08102004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2686247		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BAILEY, BROOKS S. 125 N.W. 23RD AVENUE #13 GAINESVILLE, FL 32609
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Brooks Bailey</i>	<i>Brooks S Bailey</i>	DATE <i>8/24/04</i>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	BAILEY, BROOKS S.
STREET ADDRESS	125 NW 23RD AVE #13
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	<input type="checkbox"/> Delete
NAME	BAILEY, HELEN B.
STREET ADDRESS	125 NW 23RD AVE #13
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	<input type="checkbox"/> Delete
NAME	<i>Brooks &amp; Helen</i>
STREET ADDRESS	<i>will remain as directors</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PS
STREET ADDRESS	Donald W Bailey
CITY-ST-ZIP	125 NW 23rd Ave #13 G'ville, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT
STREET ADDRESS	Karen D. Bailey
CITY-ST-ZIP	125 NW 23rd Ave #13 G'ville FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800040690868
CITY-ST-ZIP	08/31/04--01048--006 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Brooks Bailey</i>	DATE: <i>8/24/04</i>	DAYTIME PHONE: <i>352-373-7547</i>
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*Brooks S Bailey*  
*DIRECTOR*