2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J25846

FILED Jan 11, 2006 Secretary of State

Entity Name: DAILY BUSINESS FORMS AND SUPPLIES, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
44 S MAIN P.O. BOX 7 WINTER G		34787			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 77 WINTER G		347770430 US			
FEI Number:	59-2698022	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1308 VIC-k	S, RODNEY (AY CT (ARDEN, FL				
	named entity of Florida.	submits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Ager	t	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REYNOLDS, Î 1308 VIC-KAY	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	REYNOLDS, 0 1308 VIC-KAY		Title: Name: Address: City-St-Zip:	DV (X) Change () Addition REYNOLDS, CYNTHIA F., 1308 VIC-KAY CT WINTER GARDEN, FL 34787	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition REYNOLDS, THOMAS EVE, RETT 3814 GATHERING DR. APT 85-B ORLANDO, FL 32817	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition REYNOLDS, ERIN ELIZA, BETH 1308 VIC-KAY CT. WINTER GARDEN, FL 34787	

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: CYNTHIA F REYNOLDS DV 01/11/2006