
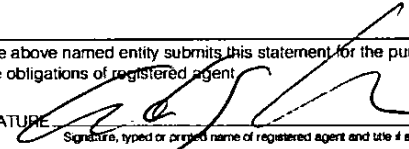
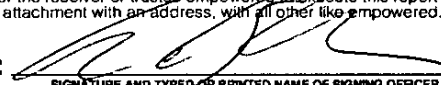


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90154 037 \*\*\*150.00

<b>DOCUMENT # J26302</b> 1. Entity Name <b>ANDY OLSEN GRAPHICS, INC.</b>																													
Principal Place of Business <b>C/O CHERYL P. OLSEN 6675 CORTO ROAD COCOA, FL 32927</b>			Mailing Address <b>C/O CHERYL P. OLSEN 6675 CORTO ROAD COCOA, FL 32927</b>																										
2. Principal Place of Business <b>8401 N. Atlantic Ave. Suite, Apt. #, etc. E4</b>		3. Mailing Address <b>8401 N. Atlantic Ave. Suite, Apt. #, etc. E4</b>																											
City & State <b>Cape Canaveral, Fl.</b>		City & State <b>Cape Canaveral, Fl.</b>		4. FEI Number <b>59-2702096</b>																									
Zip <b>32920</b>		Country <b>Brevard</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>OLSEN, CHERYL P. 6675 CORTO ROAD COCOA, FL 32927</b>				7. Name and Address of New Registered Agent Name <b>Olsen, Andrew S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8401 N. Atlantic Ave., Apt. #E4</b> City <b>Cape Canaveral, FL</b> Zip Code <b>32920</b>																									
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:  <b>Andrew S. Olsen, President</b> <span style="float: right;">4/6/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PD <b>OLSEN, CHERYL P.</b></td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>6675 CORTO ROAD</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>COCOA, FL 32927</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD <b>OLSEN, CHERYL P.</b>	<input checked="" type="checkbox"/> Delete	NAME	<b>6675 CORTO ROAD</b>		STREET ADDRESS	<b>COCOA, FL 32927</b>		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PTD <b>Olsen, Andrew S.</b></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>8401 N. Atlantic Ave., Apt. #E4</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Cape Canaveral, Fl. 32920</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PTD <b>Olsen, Andrew S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	<b>8401 N. Atlantic Ave., Apt. #E4</b>		STREET ADDRESS	<b>Cape Canaveral, Fl. 32920</b>		CITY-ST-ZIP		
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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. <b>SIGNATURE:</b>  <b>Andrew S. Olsen</b> <span style="float: right;">(321) 783-3623</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													