

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26302

Entity Name: ANDY OLSEN GRAPHICS, INC.

FILED  
Mar 12, 2006  
Secretary of State

**Current Principal Place of Business:**

8401 N ATLANTIC AVE  
E4  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

8401 N ATLANTIC AVE  
E4  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-2702096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLSEN, ANDREW S  
8401 N ATLANTIC AVE APT E4  
CAPE CANAVERAL, FL 32920      US

**Name and Address of New Registered Agent:**

OLSEN, ANDREW S  
8401 N ATLANTIC AVE  
E4  
CAPE CANAVERAL, FL 32920      US

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: ANDREW S OLSEN      03/12/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      PTD      ( ) Delete  
Name:      OLSEN, ANDREW S  
Address:      8401 N ATLANTIC AVE APT E4  
City-St-Zip:      CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANDREW S OLSEN      P      03/12/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date