

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J96046

Entity Name: TOUCAN PRESS INC.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

1114 NORTH G STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1114 NORTH G STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 59-2844223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HANSEN, JOHN  
1114 NORTH G STREET  
LAKE WORTH, FL 33460 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HANSEN, JOHN T.  
Address: 1410 PALM CIR  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: VP ( ) Delete  
Name: HANSEN, MELINDA  
Address: 1410 PALM CIR  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T HANSEN

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date