

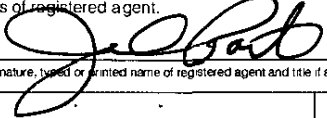
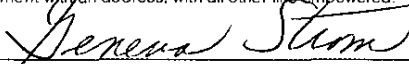


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90058 029 ***150.00

DOCUMENT # K03888 1. Entity Name FLORIDA PRINTING OFFICE, INC.					
Principal Place of Business 609 N. RAILROAD AVE BOYNTON BEACH, FL 33435			Mailing Address 609 N. RAILROAD AVE BOYNTON BEACH, FL 33435		
2. Principal Place of Business 1599 S.W. 30th Ave Suite, Apt. #, etc. #17		3. Mailing Address 1599 S.W. 30th Ave. Suite, Apt. #, etc. #17			
City & State Boynton Beach, FL		City & State Boynton Beach, FL		4. FEI Number 65-0028419	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHO, JOHN PADGETT BUSINESS SERVICES 640 E. OCEAN AVE., #8 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent JOHN PORTER ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) 1403 W. Boynton Beach Blvd., #9 Boynton Beach, FL 33426 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:  DATE: 02/06/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROM, GENEVA 1326 LAKE ERIE DR LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STROM, GENEVA 1326 LAKE ERIE DR. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2-6-04 Daytime Phone #: 561-732-2388		

Geneva Strom