2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # K26521 Mar 26, 2007 08:00 AM **Secretary of State** HAPPEL GRAPHICS, INC. Principal Placo of Business Mailing Address 831 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169 US 831 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2915482 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HAPPEL, LINDA M. Street Address (P.O. Box Number is Not Acceptable) 831 EAST 10TH AVENUE NEW SMYRNA BEACH FL 32169 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition IIIIE. Delete TITLE HAPPEL, LINDA M. NAME MAM U00000680121 831 EAST 10TH AVENUE STREET ADORESS STREET ADDRESS 04/03/07-80066-005 150.00 NEW SMYRNA BEACH FL 32169 CITY+S1+7(P CITY-S1-702 ши ☐ Delete ☐ Change Addition HILL NAME NAME STREET ADORESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP HILL ☐ Delete mu Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 716 CHY-SI-ZIP ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete 100 ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CHY-S1-ZIP Addition THEF ☐ Delete 11111 Change NAMI* NAMI STRICT ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 eath; 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 attachingent with an address, with all other like empowered.

SIGNATURE: