

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State


03-10-2006 90020 034 ***150.00

DOCUMENT # K34542 1. Entity Name PRISM GRAPHIC & DESIGN STUDIO INC.	
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Principal Place of Business 3483 N.E. 12TH TERRACE OAKLAND PARK, FL 33334	Mailing Address 3483 N.E. 12TH TERRACE OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE

66006330



02212006 No Chg-P CR2E034 (11/05)

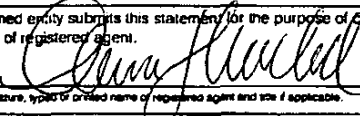
4. FEI Number 65-0075220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KUNKEL, CHRISTOPHER J.
1540 NE 36TH ST
OAKLAND PARK, FL 33334

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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 **3/20/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

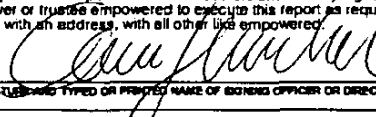
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUNKEL, CHRISTOPHER J. 1540 NE 36TH ST OAKLAND PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE **3/20/06** DAYTIME PHONE # **954 361 1629**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR