2008 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90027 040 ***150.00

DOCUMENT # K36868

1. Entity Name

STUDIO GRAPHICS OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~990 1ST AVE S~~ ~~STE 201~~ ~~NAPLES FL 34102~~ US	~~990 1ST AVE S~~ ~~STE 201~~ ~~NAPLES FL 34102~~ US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
270 MADISON DRIVE	PO BOX 110970
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34110 Country: Collier	Zip: 34108 Country: 0117

4. FEI Number: 65-0073539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHIAS, ALYCE
~~990 1ST AVE S~~
~~STE 201~~
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: MATHIAS, ALYCE

Street Address (P.O. Box Number is Not Acceptable): 270 MADISON DRIVE

City: NAPLES **FL** Zip Code: 34110

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: Alyce Mathias 3-3-08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MATHIAS, ALYCE ~~990 1ST AVE S STE 201~~ ~~NAPLES FL 34102~~	☐ Delete	MATHIAS, ALYCE 270 MADISON DRIVE NAPLES FL 34110	☑ Change ☐ Addition Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alyce Mathias 3-3-08 239-4347686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #