FILED
May 18, 2005 8:00 am
Secretary of State
04-20-2005 90316 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K50436

1. Entity Name
PRESS PLUS, INC.

66017648

Principal Place of Business
4014 NORTHEAST 5TH TERRACE
OAKLAND PARK, FL 33334

Mailing Address
4014 NORTHEAST 5TH TERRACE
OAKLAND PARK, FL 33334

2. Principal Place of Business: 4012 N.E. 5 TERRACE
Suite, Apt. #, etc.:
City & State: Oakland Park, Fl
Zip: 33334 Country: USA

3. Mailing Address: 4012 NE 5TERRACE
Suite, Apt. #:
City & State: Oakland Park, Fl
Zip: 33334 Country:

01042005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0087032 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LEMIEUX, MICHAEL
4014 NORTHEAST 5TH TERRACE
OAKLAND, FL 33334

7. Name and Address of New Registered Agent
Name: Michael Lemieux
Street Address (P.O. Box Number is Not Acceptable): 4012 NE 5 Terrace
City: Oakland Park FL Zip Code: 33334

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: [signature] 04-16-05
(Typed or printed name of registered agent and title if applicable) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEMIEUX, MICHAEL	NAME	
STREET ADDRESS	4014 NE 5TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] Michael Lemieux 5-17-05 954-583-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #