2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

PRICE OR Residence Displaces (PAC) USE STORY IN COUNTY STATE OF THE NOVILL FEEL STOOD OR PROTECTIONS OF THE NOVILL FEEL STOOD OF TH	1. Entity Nam	MENT # K55775 BUBLISHING, INC.					90087 016 ***15	0.00	
DAPA SURBELT BIUSINESS PRINTING 3000 SIRORSSAND CHAP(#C00) NAPLES, FL 34104 US	Principal Plac	e of Business	Maifing Address	<u> </u>	4	UUIUUU *			
Suite, Apt. #. etc.	D/B/A SUNBELT BUSINESS-PRINTING 3030 S HORSESHOE DR #600)		D/B/A/ SUNBELT BUSINESS-PRINTING 3030 S HORSESHOE DR(#600)		A LEBREILL BO		I BIBII BIBII BIBII BIBII BIBII BIBI	: 11 (1) [:1]	
Cry & State	2. Principal Place of Business - No P.O. Box #								
Country Coun	Suite, Apt. #, etc. # 400				04142007	Chg-P	CR2E034 (12/06)		
S. Cartinical of Sharub Bearing Street Address of New Registered June Street Address of New Registered Agent. Street Address (P.O. Box Number is Not Acceptable)	City & State		City & State					·	
Name	Zip ———————			Country			Fee Required		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent						
NAPLES, FL 34116 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, specific previous fame of registered agent and soft it suckeable. NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, specific previous fame of registered agent included it suckeable. NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the submitted of Florida. Intellegence Paperson of Floridation of Paperson of Registered Agent accept the accep									
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat				Street Au	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. Signature Signat									
SIGNATURE Signature Title				City			FL Zip Code	e	
NATE NOW!!! FEE IS \$150.00 P. Election Campaily Financing Trust Fund Control P. Addidot for Ses P. Marie Fund Control P. Addidot for Ses P. Marie Fund Control P. Addidot for Ses P. Marie Fund Control									
Atter May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.									
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of t 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if each with all the like empowered. indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an accordance or the corporation of the corporation or the receiver or trust changed.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR