2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56248

FILED Apr 10, 2006 Secretary of State

Entity Name: CREATIVE PRINTING & BUSINESS FORMS, INC.

Current Principal Place of Business: New Principal Place of Business: 3901 LAND O'LAKES, BLVD LAND O'LAKES, FL 34639 LIS **Current Mailing Address: New Mailing Address:** % TERRY W MOSES 3901 LAND O'LAKES BLVD. LAND O LAKES, FL 34639 US FEI Number: 59-2922477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSES, TERRY W 3901 LAND O'LAKES BLVD LAND O LAKES, FL 34639 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: (X) Change () Addition Name: MOSES, TERRY W., Name: MOSES, TERRY W., 22020 HEATHERWOOD LN 22020 HEATHERWOOD LN Address: Address: City-St-Zip: LAND O LAKES, FL City-St-Zip: LAND O LAKES, FL 34639 PD Title: PD (X) Change () Addition Title: () Delete Name: MOSES, JOANNE, Name: MOSES, JOANNE, 22020 HEATHERWOOD LN 22020 HEATHERWOOD LN Address: Address: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL City-St-Zip: Title: (X) Change () Addition DVP () Delete Title: DVP MOSES, MICHAEL, MOSES, MICHAEL. Name: Name: 1935 CLOVERDALE CT 22700 PENNY LOOP Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LAND O LAKES, FL 34639 Title: SD () Delete Title: () Change () Addition MOSES, BRIAN Name: Name: Address: 6330 NEWTOWN CIRCLE #A-5 Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: Title: DVP () Delete (X) Change () Addition Name: BOYLES, BARRY Name: BOYLES, BARRY 22421 SHORESIDE DR Address: 22421 SHORESIDE DR Address: City-St-Zip: LAND O'LAKES, FL 34639 City-St-Zip: LAND O'LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY W. MOSES DT 04/10/2006