


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90034 033 \*\*\*150.00

<b>DOCUMENT # K61577</b>	
1. Entity Name METROPOLIS GRAPHICS, INC.	

Principal Place of Business 807 S. ORLANDO AVE. SUITE T WINTER PARK FL 32789 US	Mailing Address 807 S. ORLANDO AVE. SUITE T WINTER PARK FL 32789 US
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2. Principal Place of Business 805 S. Orlando Ave Suite, Apt. #, etc. Suite D City & State Winter Park FL Zip 32789 Country	3. Mailing Address 805 S. Orlando Ave Suite, Apt. #, etc. Suite D City & State Winter Park FL Zip 32789 Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2930424	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 ROBINSON, DARRELL D. 807 S. ORLANDO AVE., SUITE T WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 805 S. Orlando Avenue Suite D City Winter Park FL Zip Code 32789
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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 Darrell Robin DATE 1/26/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 P <input type="checkbox"/> Delete	ROBINSON, DARRELL D. 807 S. ORLANDO AVE., SUITE T WINTER PARK FL 32789	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	805 S. Orlando Ave. Ste D Winter Park FL 32789
TITLE VP <input type="checkbox"/> Delete	DOYLE ROBINSON, SARA 807 S. ORLANDO AVE., SUITE T WINTER PARK FL 32789	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	805 S. Orlando Ave Ste D
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Sam Robinson DATE 1/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR