2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2007 8:00 am Secretary of State **DOCUMENT # K97835** 01-31-2007 90034 046 ***150.00 P.K. PRINTING & ADVERTISING INC. Principal Place of Business Mailing Address 1318 N MILITARY TRAIL 1318 N MILITARY TRAIL 40006340 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1286 N Military Trail 1286 N Military Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For West Palm Beach West Palm Beach 65-0127555 Not Applicable Country Country \$8.75 Additional USA **USA** 5. Certificate of Status Desired 33409 33409 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRIEG, MITCHELL KRIEG, MITCHELL Street Address (P.O. Box Number is Not Acceptable) 1318 N MILITARY TRAIL 1286 N Military Trail WEST PALM BEACH, FL 33409 Zip Code 33409 City West Palm Beach 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addir KRIEG, MITCHELL NAME NAME KRIEG. MITCHELL STREET ADDRESS 1318 N MILITARY TRAIL STREET ADDRESS 1286 N MILITARY TRAIL CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP WEST PALM BEACH, FL 33409 TITLE ☐ Delete ☐ Change ☐ Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addis NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ___ Addir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statut

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF PIGNING OFFICER OR DIRECTOR

FILED

es. I further certify that the information

if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if