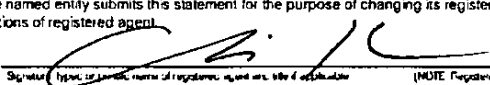
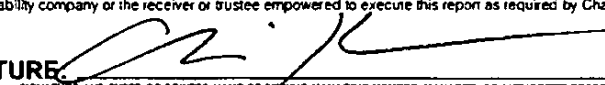


FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 001 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L00000005123			
1. Entity Name AREA 51 GRAPHICS, LLC			
Principal Place of Business 1717 MINNESOTA AVENUE UNIT H WINTER PARK, FL 32789		Mailing Address 1717 MINNESOTA AVENUE UNIT H WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 4535 34 th St. Ste B		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32811		Country USA	
4. FEI Number 59-3642897		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04242007 Chg-LLC CR2E083 (12/06)	
5. Name and Address of Current Registered Agent KEALEN, CHRIS 1717 MINNESOTA AVENUE UNIT H WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Chris Kealen Street 4535 34 th Street Ste B City Orlando FL Zip Code 32811	
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 		DATE 5.1.07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing member GIORDANO, MICHAEL 807 S ORLANDO AVE., STE K WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4535 34 th St. Ste A Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member FRY, PHILIP 807 S ORLANDO AVE., STE K WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4535 34 th St. Ste A Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Kealen, Christopher 4535 34 th St. Orlando, FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 4535 34 th St. Ste B Orlando, FL 32811	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE 		DATE 5.1.07 402647-3751	

50001740