2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04065

Entity Name: SUWANNEE GRAPHICS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

621 OHIO AVE NORTH
LIVE OAK, FL 32060 US 621 OHIO AVE NORTH
LIVE OAK, FL 32064 US

Current Mailing Address: New Mailing Address:

621 OHIO AVE NORTH LIVE OAK, FL 32060 US 621 OHIO AVE NORTH LIVE OAK, FL 32064 US

FEI Number: 59-2960961 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:

 PEADEN, MILES R.
 PEADEN, MILES R PDC

 13154 46TH ST
 13154 46TH ST

 LIVE OAK, FL 32060 US
 LIVE OAK, FL 32060 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: MILES R. PEADEN 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC () Delete Title: PDC (X) Change () Addition Name: PEADEN, MILES R PEADEN, MILES R

 Address:
 13154 46TH ST
 Address:
 13154 46TH ST

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:
 LIVE OAK, FL 32060

Title: VD () Delete Title: VD (X) Change () Addition
Name: PEADEN, BARBARA M

Address: 13154 46TH ST

 Address:
 13154 46TH ST
 Address:
 13154 46TH ST

 City-St-Zip:
 LIVE OAK, FL
 City-St-Zip:
 LIVE OAK, FL

Title: STD () Delete Title: () Change () Addition

 Name:
 BOURGEOIS, S REESE
 Name:

 Address:
 13989 CR136
 Address:

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 BOURGEOIS, SHAN S
 Name:

 Address:
 13989 CR136
 Address:

 City-St-Zip:
 LIVE OAK, FL 32060
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MILES R. PEADEN PDC 04/27/2009