

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056945

FILED
Feb 03, 2007
Secretary of State

Entity Name: MINISTRY GRAPHIC SOLUTIONS, LLC

Current Principal Place of Business:

1721 19TH AVENUE NORTH
APT 69
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1721 19TH AVENUE NORTH
APT 69
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 11-3781551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANESA, STUBBS L
1721 19TH AVENUE NORTH
APT 69
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STUBBS, LANESA L
Address: 1721 19TH AVENUE NORTH, APT 69
City-St-Zip: LAKE WORTH, FL 33460

Title: MGR () Delete
Name: HAMILTON, EVERETT
Address: 5204 GLENMOOR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: KINSLER, SHARONDA
Address: 1554 QUAIL DRIVE, APT 4
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: LANESA STUBBS

MS

02/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date