2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# M35044

Entity Name: A BETTER BLUEPRINT & COPY CENTER, INC.

Current Principal Place of Business:

919 N DIXIE HWY
W. PALM BEACH, FL 33401 US

New Principal Place of Business:

919 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

919 NO DIXIE HWY
W PALM BCH, FL 33401 US

New Mailing Address:

919 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401 US

FEI Number: 59-2693869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCANDLESS, HUGH L.
16035 E. GLASGOW DRIVE.
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: MCCANDLESS, HUGH L.,
Address: 16035 E. GLASGOW DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VS ( ) Delete
Name: MCCANDLESS, SHERI L.,
Address: 16035 E. GLASGOW DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VD ( ) Delete
Name: LANGWORTHY, HEATHER L VD
Address: C/O 16035 E GLASGOW DR
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SHERI MCCANDLESS VP 04/11/2006

Electronic Signature of Signing Officer or Director Date