
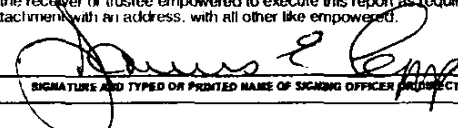


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90028 037 ****61.25

DOCUMENT # N05000007346					
1. Entity Name PACKAGING & LABEL GRAVURE EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 18481 ROYAL HAMMOCK BLVD NAPLES, FL 34114			Mailing Address 18481 ROYAL HAMMOCK BLVD NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4055322	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNKIN, DAVID A 170 W DEARBORN ST ENGLEWOOD, FL 34223			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARKEY, PAUL		NAME		
STREET ADDRESS	8531 CROWN CRESCENT COURT		STREET ADDRESS		
CITY ST ZIP	CHARLOTTE, NC 28227		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MURRAY		NAME		
STREET ADDRESS	1222 PERRY WAY		STREET ADDRESS		
CITY ST ZIP	WATERTOWN, WI 53094		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDICOTT, PETER		NAME		
STREET ADDRESS	C/O 18481 ROYAL HAMMOCK BLVD		STREET ADDRESS		
CITY ST ZIP	NAPLES, FL 34114		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERWICK, CHRIS		NAME		
STREET ADDRESS	C/O 18481 ROYAL HAMMOCK BLVD		STREET ADDRESS		
CITY ST ZIP	NAPLES, FL 34114		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, HUBERT		NAME		
STREET ADDRESS	C/O 18481 ROYAL HAMMOCK BLVD		STREET ADDRESS		
CITY ST ZIP	NAPLES, FL 34114		CITY ST ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPP, JIM		NAME		
STREET ADDRESS	18481 ROYAL HAMMOCK BLVD		STREET ADDRESS		
CITY ST ZIP	NAPLES, FL 34114		CITY ST ZIP		
12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JAMES E LEPP 3/10/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR					

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