## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27735

FILED Jan 13, 2007 Secretary of State

Entity Name: AMERICAN INSTITUTE OF GRAPHIC ARTS, ORLANDO CHAPTER, INC.

Current Principal Place of Business: P.O. BOX 2505 DRLANDO, FL 328022505		New Principal Plac	New Principal Place of Business:  3331 BENSON PARK BLVD ORLANDO, FL 32829	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX 2 DRLANDO	2505 ), FL 328022505			
El Number:	90-0058273 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:	
	AULA SON PK BLVD ), FL 32829 US			
	named entity submits this statement for the pu e of Florida.	rpose of changing its registe	red office or registered agent, or both,	
BIGNATUF				
	Electronic Signature of Registered Ager	t	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	P ( ) Delete MATZ, JEFF 1009 VIRGINIA DR ORLANDO, FL 32803	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Nddress: Dity-St-Zip:	T () Delete ANGEL, PAULA 3331 BENSON PK BLVD ORLANDO, FL 32829	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Nddress: Dity-St-Zip:	S ( ) Delete OBERWETTER, JENISE 9924 CYPRESS VINE DR ORLANDO, FL 32827	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	VP ( ) Delete HUTTON, AMANDA 17832 UBIS LANDING WY ORLANDO, FL 32820	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	MC () Delete GAY, WILL 12557 LANGSTOFF DR WINDERMERE, FL 34786	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip:	PRC ( ) Delete JACOBS, SHANNON 226 FRIESTON WY SANFORD, FL 32773	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA ANGEL TREA 01/13/2007