2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED -DOCUMENT # P00000081864 06 MPR 27 MIII: 53 **BOLLINGERS PRINTING, INC.** MALTE AND STREAM Principal Place of Business Mailing Address 2421 CRYSTAL DR. 2421 CRYSTAL DR. FT. MYERS, FL 33907 FT. MYERS, FL 33907 CR2E034 (11/05) 03132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1035716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLINS, LINDA DO NOT WRITE 2421 CRYSTAL DR. FT. MYERS, FL 33907 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Se FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Γ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME COLLINS, LINDA 2421 CRYSTAL DR. STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33907 300074153153 05/08/06--01019--032 **158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact prient/with an address, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE:(

A. Collins 4/24/06 239.277-7726