2005 FOR PROFIT CORPORATION ANNUAL REPORT

Michael Stoyanouich
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jul 05, 2005 08:00 AM **DOCUMENT # P00000107440 Secretary of State** 1. Entity Name EDIGITALPRINTING.COM, INC. Mailing Address Principal Place of Business 12621 SW 130TH STREET 12621 SW 130TH STREET MIAMI, FL 33186 MIAMI, FL 33186 07012005 No Chg-P CB2F034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1057391 Not Applicable \$8.75 Additional 5. Cértificate of Status Desired 6. Name and Address of Current Registered Agent STOYANOVICH, MICHAEL DO NOT WRITE 12621 SW 130TH STREET MIAMI, FL 33186 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607:193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME STOYANOVICH, MICHAEL 12621 SW 130 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 U00000370183 07/05/05-80005-017 150.00 TITLE STOYANOVICH, DRAGO NAME STREET ADDRESS 5825 COLLINS AVE APT 5D CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

FILED

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