


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000091957 1. Entity Name PRINTERSADS.COM, INC.						FILED 07 SEP 17 PM 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8825 FAWN RIDGE DRIVE FORT MYERS, FL 33912		Mailing Address 8825 FAWN RIDGE DRIVE FORT MYERS, FL 33912					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04-3602134		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STOBBS, WALTER 8825 FAWN RIDGE DRIVE FORT MYERS, FL 33912				7. Name and Address of New Registered Agent 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: <i>Walter Stobb</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)		DATE: <i>11 Sept 2007</i>	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM STOBBS, WALTER 8825 FAWN RIDGE DRIVE FORT MYERS, FL 33912			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109712311 09/20/07--01040--022 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9/18</i>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.							
SIGNATURE: <i>Dolly Ann</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>Sept 10, 2007 (239) 242-7271</i>		Daytime Phone #	