## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # P01000102934  1. Entity Name REPROGRAPHIC SOLUTIONS, INC.							02-06-2006	5 90052	041 ***15	0.00
Principal Place of Business Mailing Address					<u> </u>		EH.	011x	F 0	
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2 Principal P	Place of Busines	e	3. Mailing Address							
2. Timespart lace of business							FRIEL ITRIL BRIIL ORIGI		HAIR INGO IMA DI	11881 II 188)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162006	Chg-P	CR2E	034 (11/05)			
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City & State		City a State			59-375			<del>                                      </del>	ot Applicable	
Zip Country		Zip Cour		ntry		of Status Desired		\$8.75 Add		
									Fee Require	<u>d</u>
	6. Name ar	d Address of Curren	t Registered Agent		Name	7. Name and	Address of New	Registered	Agent	
DEMAIO, BRIDGET					(Valle)					
718 SW. PORT ST LUCIE BLVD #89					Street Address	s (P.O. Box Number	er is Not Acceptat	cc/e		
PORT SAI	INT LUCIE, F	FL 34953			/3.5	<del>300 1710101</del>	muse un			
		ė			City				7in Cod	
A CONTRACTOR OF THE PROPERTY O					PORT S	Thucie		F	ريزور L   Zip Cod	86
			for the purpose of changing it	ts register	ed office or regis	tered agent, or bo	th, in the State of F	Florida. I ar	n familiar with,	and accept
the obligat	tions of registere	ed agent.								
SIGNATURE.	A	printed name of registered ager	A Chile is Charles (NO	TC: Denisters	ed Agent signature requi	izad whoe rejectating)		DATE		
	Signature, typed or p	ninted harrie or registered ages	a pira pire ii appireapie. (140	ric. negatore	d right algunatora rodo					
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		EE IS \$150.00 Fee will be \$550	9. Election Camp. Trust Fund Cor		ncing \$	5.00 May Be dded to Fees				
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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:

URE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/1/06

Date Daylime Phone #