2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P01000110732 04-05-2006 90144 011 ***150.00 1. Entity Name HOUSE OF INK, INC. Principal Place of Business Mailing Address 7500 ULMERTON RD 7500 ULMERTON RD **UNIT 15** UNIT 15 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 59-3757477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODGERS, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 3726 31ST AVE N SAINT PETERSBURG, FL 33713 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. 1 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DΡ Delete ☐ Addition TITLE TITLE RODGERS, RICHARD D NAME NAME STREET ADDRESS 3726 31ST AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33713 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LEHMAN, TIFFANY C NAME NAME STREET ADDRESS 3726 31ST AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33713 CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED