2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90233 042 ***150.00

DOCUMENT # P01000122399

1. Entity Name
GENERATION GRAPHICS, INC.

Principal Place of Business	Mailing Address
185 LAKE MORTON DR. APT. K LAKELAND, FL 33803 US	185 LAKE MORTON DR. APT. K LAKELAND, FL 33803 US

03032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		3616 Harden Blvd #309	
Suite, Apt. # etc		Suite, Apt. # etc	
City & State		City & State Lakeland, FL	
Zip	Country	Zip 33803	Country US

4. FEI Number
80-0002986

App Not App

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AIRTH, H ADAM JR
4740 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33813

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 ... the obligations of registered agent

SIGNATURE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOVROW, VALERIE 3616 HARDEN BLVD #309 LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Movrow 3-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR