2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# P02000013363

Entity Name: ACE PRINTING AND SIGN SHOP, INC.

Current Principal Place of Business:

2801 N. MAIN ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

2801 N. MAIN ST.
JACKSONVILLE, FL 32209 US

Current Mailing Address:

2801 N. MAIN ST.
JACKSONVILLE, FL 32209

New Mailing Address:

2801 N. MAIN ST.
JACKSONVILLE, FL 32209 US

FEI Number: 04-3586365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIARAVALLOTI, MAUREEN
2801 N. MAIN ST.
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHARAVALLON, MAUREEN
Address: 2801 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete
Name: CHIARAVALLON, CHRISTOPHER
Address: 2801 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: CHARAVALLON, MAUREEN
Address: 2801 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP (X) Change ( ) Addition
Name: CHIARAVALLON, CHRISTOPHER
Address: 2801 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32206 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAUREEN CHIARAVALLOTI P 01/31/2005
Electronic Signature of Signing Officer or Director Date