
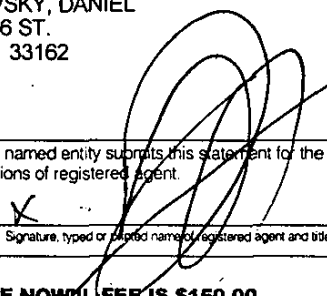
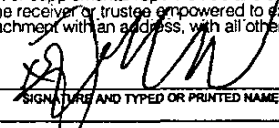


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 001 ***150.00

DOCUMENT # P02000034423 1. Entity Name EXPRESS ENGRAVING USA, INC.					
Principal Place of Business 251 NE 166 ST. MIAMI, FL 33162			Mailing Address 251 NE 166 ST. MIAMI, FL 33162		
2. Principal Place of Business - No P.O. Box # 4060 N. HILLS DR Suite, Apt. #, etc. #4 City & State HOLLYWOOD, FLORIDA Zip 33021		3. Mailing Address 4060 N. HILLS DR Suite, Apt. #, etc. #4 City & State HOLLYWOOD, FLORIDA Zip 33021		40038650 02222007 Chg-P CR2E034 (12/06)	
4. FEI Number 03-0423637				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KAHANOVSKY, DANIEL 251 NE 166 ST. MIAMI, FL 33162			7. Name and Address of New Registered Agent Name: AMOS PRYNC Street Address (P.O. Box Number is Not Acceptable) 4060 N. HILLS DR Suite, Apt. #, etc. #4 City: HOLLYWOOD FL Zip Code: 33021		
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:  DATE: 02/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 D NAME KAHANOVSKY, DANIEL STREET ADDRESS 251 NE 166 ST. CITY-ST-ZIP MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE Change NAME AMOS PRYNC STREET ADDRESS 4060 N. HILLS DRIVE #4 CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" 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	
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: 			DATE: 02/22/07 Daytime Phone #		