


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000068112</b> 1. Entity Name <b>MCGRAPHICS PRINTING SERVICES, INC.</b>	
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Principal Place of Business <b>10590 66TH AVE. NORTH SUITE 2 SEMINOLE, FL 33772</b>	Mailing Address <b>10590 66TH AVE. NORTH SUITE 2 SEMINOLE, FL 33772</b>
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03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3693841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST, 4 FLR  
MIAMI, FL, 33145**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**000000535446  
05/08/06-80051-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>
NAME	<b>MCKAY, JOSEPH</b>
STREET ADDRESS	<b>10590 66TH AVE. NORTH, # 2</b>
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>
TITLE	<b>DVS</b>
NAME	<b>MCKAY, SUSAN</b>
STREET ADDRESS	<b>10590 66TH AVE. NO., # 2</b>
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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-

*Susan McKay*

Susan McKay

4/24/06 222.399.0801