2007 FOR PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # P02000068112

1. Entity Name

MCGRAPHICS PRINTING SERVICES, INC.



Principal Place of Business

10590 66TH AVE. NORTH

SUITE 2

SEMINOLE, FL 33772

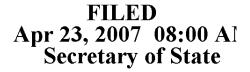
Mailing Address

10590 66TH AVE. NORTH

SUITE 2

DO NOT WRITE IN THIS SPACE

SEMINOLE, FL 33772





04202007

No Chg-P

CR2E034 (11/05)

FEI Number
 04-3693841

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of changing its registered office	e or registered agent, or b	ooth, in the State of Florida. I a	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent signature required when renstating) DATE				
			- U09800723195	
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Be Added to Fees	05/02/07-80062-	005 I50.UU
10. OFFICERS AND DIRECT	CTORS			
TITLE DPT NAME MCKAY, JOSEPH STREET ADDRESS 10590 66TH AVE. NORTH, # 2 SEMINOLE, FL 33772			٠	٤
TITLE DVS NAME MCKAY, SUSAN STREET ADDRESS 10590 66TH AVE. NO., # 2 CITY-ST-ZIP SEMINOLE, FL 33772				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRIT	Έ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this fi		· · · · · · · · · · · · · · · · · · ·	10 Florido Charles 16 11	

12. Thereby 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:

posept m= Nay

4/19/07 727-399.0801