
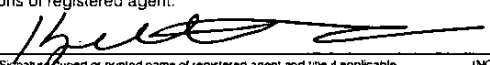


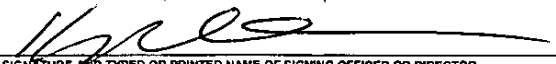
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

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| DOCUMENT # P02000074190 1. Entity Name DIGITAL PRINTING & GRAPHICS, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 9326 S W 1ST STREET PLANTATION, FL 33324 | | | | Mailing Address 9326 S W 1ST STREET PLANTATION, FL 33324 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 10097 CLEARY BLVD Suite, Apt. #, etc. # 357 | | 3. Mailing Address 10097 CLEARY BLVD. Suite, Apt. #, etc. # 357 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State PLANTATION, FL. | | City & State PLANTATION, FL. | | 4. FEI Number 33-1017017 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33324 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent WOLF, MICHAEL H 3832 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351 | | | | 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: _____ <small>Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAKACS, KENNETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9326 SW 1ST STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33324</td> <td></td> </tr> </table> | | | TITLE | P | <input type="checkbox"/> Delete | NAME | TAKACS, KENNETH | | STREET ADDRESS | 9326 SW 1ST STREET | | CITY-ST-ZIP | FORT LAUDERDALE, FL 33324 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT - TAKACS, KENNETH</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10097 CLEARY BLVD. # 357</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PLANTATION, FL. 33324</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | PRESIDENT - TAKACS, KENNETH | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 10097 CLEARY BLVD. # 357 | | STREET ADDRESS | PLANTATION, FL. 33324 | | CITY-ST-ZIP | | |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  3/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #