

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098391

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: DERMA GRAPHICS BY DONNA KAY, INC.

## Current Principal Place of Business:

450 GRAND VISTA TRAIL  
LEESBURG, FL 34748

## New Principal Place of Business:

## Current Mailing Address:

450 GRAND VISTA TRAIL  
LEESBURG, FL 34748

## New Mailing Address:

FEI Number: 11-3652974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CUSTOM BUSINESS SERVICES OF LAKE, INC.  
35419 POINSETTIA AVENUE  
FRUITLAND PARK, FL 34731 US

## Name and Address of New Registered Agent:

PROFESSIONAL ACCTG. & BUSINESS CONSULTANTS  
4909 ALLEN ROAD  
ZEPHYRHILLS, FL 33541 US

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: AMY E. TURNER

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: JONES, DONNA  
Address: 450 GRAND VISTA TRAIL  
City-St-Zip: LEESBURG, FL 34748

Title: ST (X) Delete  
Name: JONES, DONNA  
Address: 450 GRAND VISTA TRAIL  
City-St-Zip: LEESBURG, FL 34748

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: JONES, DONNA  
Address: P.O. BOX 427  
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DONNA JONES

PSTD

04/27/2006

Electronic Signature of Signing Officer or Director

Date