

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123734

FILED
Apr 13, 2006
Secretary of State

Entity Name: DESIGN WORKS SCREEN PRINTING, INC.

Current Principal Place of Business:

2159 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246

New Principal Place of Business:

2159 ST JOHNS BLUFF RD SOUTH
JACKSONVILLE, FL 32246

Current Mailing Address:

2159 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246

New Mailing Address:

2159 ST JOHNS BLUFF RD SOUTH
JACKSONVILLE, FL 32246

FEI Number: 20-3577783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNON, FORIEST
2159 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

CANNON, FORIEST J
2159 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246 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: FORIEST J CANNON

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOK, MYRA D
Address: 2159 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: ROHN, FELICIA
Address: 2159 ST JOHNS BLUFF RD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANNON, FORIEST J
Address: 2159 ST JOHNS BLUFF RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change () Addition
Name: MILLER, LYDIA
Address: 2159 ST JOHNS BLUFF RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

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: FORIEST J CANNON

D

04/13/2006

Electronic Signature of Signing Officer or Director

Date