



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000127855 1. Entity Name IVORYGOLD GRAPHICS DESIGN & PRINTING SERVICES, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 SEP -6 PM 2:16		
Principal Place of Business 329 QUAIL RIDGE HAVANA, FL 32333				Mailing Address 329 QUAIL RIDGE HAVANA, FL 32333				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
WILLIAMS-IVORY, MIRIAM A 329 QUAIL RIDGE HAVANA, FL 32333				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>								
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PCEO			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILLIAMS-IVORY, MIRIAM A			NAME	200079713592			
STREET ADDRESS	329 QUAIL RIDGE			STREET ADDRESS	09/12/06--01018--025 **150.00			
CITY-ST-ZIP	HAVANA, FL 32333			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
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: <i>Miriam Ivory Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>								
Date				Daytime Phone #				