


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90036 016 \*\*\*150.00

DOCUMENT # P03000008334	
1. Entity Name THE PREPAID PRESS, INC.	

Principal Place of Business C/O SPINNER DITTMAN FEDERSPIEL & DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444	Mailing Address C/O SPINNER DITTMAN FEDERSPIEL & DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444
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2. Principal Place of Business - No P.O. Box # C/O Dittman Dowling & Schone LLP	3. Mailing Address C/O Dittman Dowling & Schone LLP
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 33-1064243	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

02202007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DITTMAN, ROBERT A C/O SPINNER DITTMAN FEDERSPIEL & DOWLING 151 NW FIRST AVE DELRAY BEACH, FL 33444
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) Dittman Dowling & Schone, LLP City FL Zip Code
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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 renating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOBIAS, ROBIN 2400 NE 192ND ST #107 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETSKE, GENE 2225 CLUB DR VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patti Hanner 4-4-07 561.276.2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000008334

1. Entity Name  
THE PREPAID PRESS, INC.



ATTACHMENT

Principal Place of Business  
~~C/O SPINNER DITTMAN FEDERSPIEL & DOWLING~~  
151 NW FIRST AVE  
DELRAY BEACH, FL 33444

Mailing Address  
~~C/O SPINNER DITTMAN FEDERSPIEL & DOWLING~~  
151 NW FIRST AVE  
DELRAY BEACH, FL 33444

40060642

2. Principal Place of Business - No P.O. Box #  
~~C/O Dittman Dowling & Schone LLP~~

3. Mailing Address  
~~C/O Dittman Dowling & Schone LLP~~

Suite, Apt. #, etc.

02202007 Chg-P CR2E034 (12/06)

City & State

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4. FEI Number  
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Applied For  
Not Applicable

Zip Country

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

DITTMAN, ROBERT A  
~~C/O SPINNER DITTMAN FEDERSPIEL & DOWLING~~  
151 NW FIRST AVE  
DELRAY BEACH, FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

~~Dittman Dowling & Schone LLP~~

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME TOBIAS, ROBIN  
STREET ADDRESS 2400 NE 192ND ST #107  
CITY-ST-ZIP AVENTURA, FL 33180

☐ Delete

TITLE D  
NAME RETSKE, GENE  
STREET ADDRESS 2225 CLUB DR  
CITY-ST-ZIP VERO BEACH, FL 32963

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

*Parti Hanner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-07

Date

561.276.8100

Display Phone \*