2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038501

1. Entity Name
THINGS GRAPHICS, INC.

Principal Place of Business	Mailing Address
9 SPINNING WHEEL LANE	9 SPINNING WHEEL LANE
TAMARAC, FL 33319	TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

05032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
35-2202271	Not Applicable

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

6. Name and Address of Current Registered Agent

GRANDISON, NORRIS N W
9 SPINNING WHEEL LANE
TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

7. 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 6-3-05

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANDISON, NORRIS N W
STREET ADDRESS	9 SPINNING WHEEL LANE
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	D
NAME	GRANDISON, AUTHRINE T
STREET ADDRESS	9 SPINNING WHEEL LANE
CITY-ST-ZIP	TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

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: _____ – DIRECTOR   3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #