


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**


05-02-2005 90399 006 \*\*\*150.00

<b>DOCUMENT # P03000110967</b> 1. Entity Name <b>NEW GRAPHIC DESIGNS, INC.</b>	
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Principal Place of Business <b>354 CYPRESS DRIVE UNIT #1 TEQUESTA, FL 33469 US</b>	Mailing Address <b>14264 LEEWARD WAY PALM BEACH GARDENS, FL 33410 US</b>
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2. Principal Place of Business <b>14264 Leeward Way</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm Beach Gardens, FL</b>	City & State	4. FEI Number <b>20-0724173</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33410</b>	Country <b>US</b>	Zip	Country



04302005 Chg-P CR2E034 (10/03)

<b>6. Name and Address of Current Registered Agent</b> <b>ROWLAND, LAURIE 14264 LEEWARD WAY PALM BEACH GARDENS, FL 33410</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PO		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWLAND, LAURIE A			NAME			
STREET ADDRESS	14264 LEEWARD WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP			

**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** *Laurie A. Rowland* Laurie A. Rowland 4/30/05 (561)624-1022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #