


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90004 028 \*\*\*150.00

<b>DOCUMENT # P03000112211</b>	
1. Entity Name <b>ENERGY GRAPHICS, INC.</b>	

Principal Place of Business <b>8925 LEE VISTA BLVD APT. 2710 ORLANDO, FL 32829</b>	Mailing Address <b>8925 LEE VISTA BLVD APT. 2710 ORLANDO, FL 32829</b>
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2. Principal Place of Business <b>809 Mercardo Ave</b>	3. Mailing Address <b>809 Mercardo Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando Fl.</b>	City & State <b>Orlando Fl.</b>
Zip <b>32807</b>	Country <b>USA</b>
Zip <b>32807</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Shannon Sanford Willard</u> DATE <u>8/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P WILLARD, SHANNON M 8925 LEE VISTA BLVD APT. 2710 ORLANDO, FL 32829</b>
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
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
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**50063605**  
  
05022005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0309110</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Shannon Sanford Willard</u> DATE <u>8/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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: <u>Shannon Sanford Willard</u>	DATE: <u>8/22/05</u> DAYTIME PHONE: <u>407.466.1338</u>