


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 006 ***150.00

DOCUMENT # P04000062254		
1. Entity Name SHOOTING STAR GRAPHICS INC		

Principal Place of Business 408 CAMINO REAL ENGLEWOOD, FL 34224 US	Mailing Address 408 CAMINO REAL ENGLEWOOD, FL 34224 US
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2. Principal Place of Business 520 Valencia Rd	3. Mailing Address 520 Valencia Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Venice FL	City & State Venice FL
Zip 34285	Country Sarasota
Zip 34285	Country Sarasota

03102005 Chg-P CR2E034 (10/03)

4. FEI Number 80-1004896		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MASON, ROBERT 408 CAMINO REAL ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 520 Valencia Rd City Venice FL Zip Code 34285

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 if not applicable (NOTE: Registered Agent Signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MASON, ROBERT 408 CAMINO REAL ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Valencia Rd Venice, FL 34285
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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: **Robert G. Mason** **ROBERT G. MASON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR