2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089308

City-St-Zip:

POMPANO BRACH, FL 33062

Entity Name: THE GRAPHICS GURU INC.

FILED Apr 11, 2005 Secretary of State

| • | | | | |
|-----------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current P | rincipal Place of Business: | New Principal Place | New Principal Place of Business: | |
| 3000 NE 3 | 0TH PLACE | | | |
| SUITE 306 | 3 | | | |
| FT. LAUD | ERDALE, FL 3336 | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| SUITE 306 | 0TH PLACE S ERDALE, FL 3336 | | | |
| FEI Number | : FEI Number Applied For | r (X) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | ent: Name and Address o | Name and Address of New Registered Agent: | |
| SUITE 306 | 0TH PLACE | | | |
| | named entity submits this statement to e of Florida. | for the purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | |
| | Electronic Signature of Registe | ered Agent | Date | |
| Election Car | mpaign Financing Trust Fund Contribution | - | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete SOFRO, ARIEL D 2617 SE 14TH STREET POMPANO BECH, FL 33062 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete SOFRO, ARIEL D 2617 SE 14TH STREET POMPANO BEACH, FL 33062 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | SEC () Delete SOFRO, ARIEL D 2617 SE 14TH STREET | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ARIEL SOFRO PRES 04/11/2005