
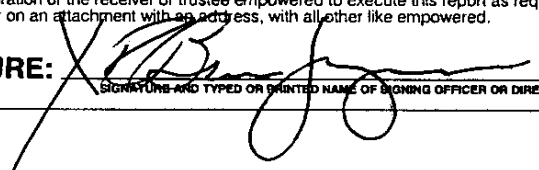


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90044 044 ***158.75

DOCUMENT # P04000123508 1. Entity Name INNOVATIONS IN PRINT, INC.					
Principal Place of Business 810 SE 7TH AVE POMPANO BEACH, FL 33060			Mailing Address 810 SE 7TH AVE POMPANO BEACH, FL 33060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPURGEON, ROBERT BRUCE 810 SE 7TH AVE POMPANO BEACH, FL 33060			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	P/D	
NAME	SPURGEON, ROBERT BRUCE		NAME	SPURGEON EILEEN A.	
STREET ADDRESS	810 SE 7TH AVE		STREET ADDRESS	810 SE 7TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP	POMPANO BEACH, FL 33060	
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			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: 			03/14/05 954-786-9022 <small>Date Daytime Phone #</small>		