2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90199 007 ***150.00

1. Entity Nam	MENT # P04000140 O GRAPHICS, INC.	0024				 	and 0	,		
Principal Place of Business 4912 PETRA COURT WINTER GARDEN, FL 32708		Mailing Address 4912 PETRA COURT WINTER CARDEN, FL 32708			40069770					
2. Principal Place of Business - No P.O. Box # 4912 Petra Court Suite, Apt. #, etc.		3. Mailing Address \$(L@ Petra Court Suite, Apt. #, etc.		04012007 Chg-P CR2E034 (12/06)						
City & State WINTER SPRINGS, FL		City & State WINTER SPRINGS, FL			4. FEI Number 20-1798				plied For Applicable	
ZIp	Country 2708 USA	Zip 32708	Count US	ry			of Status Desired		8.75 Add	litional
	6. Name and Address of Current		Ť			7. Name and	Address of New R	tegistered Ag	ent	
	ATRICK R RA COURT GARDEN, FL 32708			Street Ad	idress (F	E, PATRIC P.O. Box Number Tra Court	is Not Acceptable	9)		
				City W	INTE	R SPRINGS	. 	FL	Zip Cod 32 701	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere					oride. I am far		
SIGNATURE.	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE	· Registered	Agent aignatur	peruper er	when renetating)	<u>.</u>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campail 1 Trust Fund Contr		cing		00 May Be ad to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZP	D VP COYLE, PATRICK R 4912 PETRA COURT WINTER SPRINGS, FL 32708	☐ Detete		,	4912	LE, PATRI 2 Petra C	Court	[XI Change	Addition
TITLE	D, P BRUNO, PAUL D	XX Delete	TITLE		WIII	er Sprin	gs. Fl.		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	7 SHADY LANE TEQUESTA, FL 33469		STREE	T ADDRESS ST-ZTP						
THTLE NAME STREET ADDRESS CITY-ST-ZEP	D, T BRUNO, SHARON M 7 SHADY LANE TEQUESTA, FL 33469	XXDelete						C	Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D, T COYLE, CAROL J 4912 PETRA COURT WINTER SPRINGS, FL 32708	☐ Delete			4912	S. T. LE, CAROL Petra C ter Sprin	ourt		Change Ch	Addition
TITLE KAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					- · · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				ſ) Change	Addition
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exer	mptions co	ntained	in Chapter 119,	Florida Statutes, I	further certify	that the in	formation

is the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as it 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 AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daylime Phone #
SIGNATURE: Carol Q COULL Carol J. Coyle	4-5-07	407-695-6282