

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 17, 2006 8:00 am
Secretary of State**

04-17-2006 90347 004 ***150.00

DOCUMENT # P05000060202		
1. Entity Name LETTERPRESS, ETC., INC.		

Principal Place of Business 3824 SE 7TH AVE. CAPE CORAL, FL 33904	Mailing Address 3824 SE 7TH AVE. CAPE CORAL, FL 33904
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2. Principal Place of Business 3721 11TH STREET W Suite, Apt. #, etc.	3. Mailing Address 3721 11TH. STREET W Suite, Apt. #, etc.
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City & State LEHIGH ACRES, FL	City & State LEHIGH ACRES, FL
Zip 33971	Country LEE
Zip 33971	County LEE

6. Name and Address of Current Registered Agent TURNER, CLAUDE I. 3824 SE 7TH AVE. CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 3721 11TH. STREET W. City LEE HIGH ACRES FL Zip Code 33971
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT CLAUDE I. TURNER 3721 11TH STREET W LEHIGH ACRES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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 empowerments.

CLAUDE I. TURNER, PRESIDENT
SIGNATURE: *ClAUDE I. TURNER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓4-14-06

Date

Daytime Phone #