

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061367

FILED
Jan 31, 2006
Secretary of State

Entity Name: FLAMINGO GRAPHICS OF FLORIDA, INC.

Current Principal Place of Business:

365 GUS HIPP BLVD. SUITE D
D
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

365 GUS HIPP BLVD
D
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 20-2735822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITNEY, STEVE
365 GUS HIPP BLVD
D
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WHITNEY, TRACI
Address: 365 GUS HIPP BLVD SUITE D
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: WHITNEY, STEVE
Address: 365 GUS HIPP BLVD SUITE D
City-St-Zip: ROCKLEDGE, FL 32955

Title: TRES () Delete
Name: WHITNEY, TRACI
Address: 365 GUS HIPP BLVD SUITE D
City-St-Zip: ROCKLEDGE, FL 32955

Title: SEC () Delete
Name: WHITNEY, STEVE
Address: 365 GUS HIPP BLVD SUITE D
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: STEPHEN WHITNEY

VP

01/31/2006

Electronic Signature of Signing Officer or Director

_____ Date