


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 18 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068774			
1. Entity Name AMPERGRAPHICS INC.			
Principal Place of Business 3361 BELVEDERE ROAD WEST PALM BEACH, FL 33406		Mailing Address 3361 BELVEDERE ROAD SUITE T WEST PALM BEACH, FL 33406	
2. Principal Place of Business 1401 VILLAGE BLVD Suite, Apt. #, etc. 1315		3. Mailing Address P.O. Box 16932 Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33409	Country USA	Zip 33416	Country USA
4. FEI Number 20-2825952		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, RICHARD 2777 SOUTH CONGRESS AVE LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name FEQUIERE, HANS Street Address (P.O. Box Number is Not Acceptable) 1401 VILLAGE BLVD # 1315 City WEST PALM BEACH FL Zip Code 33409	
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: HANS FEQUIERE <i>HA FE</i> PRESIDENT 9/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEQUIERE, HANS 3361 BELVEDERE ROAD, SUITE T WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080008237 09/20/06--01063--013 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNOL, JONES 3361 BELVEDERE ROAD, SUITE T WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>HA FE</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/4/06 561-640-5224 Date Daytime Phone #	

9/19/06