

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079306

FILED
Apr 25, 2006
Secretary of State

Entity Name: ELECTRONIC GRAPHICS SOLUTIONS, INC.

Current Principal Place of Business:

847 NW 119 ST STE #205
MIAMI, FL 33168

New Principal Place of Business:

847 NW 119 ST STE
STE # 205
MIAMI, FL 33168

Current Mailing Address:

847 NW 119 ST STE #205
MIAMI, FL 33168

New Mailing Address:

847 NW 119 ST STE
STE# 205
MIAMI, FL 33168

FEI Number: 80-0129886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASTEGIANO, DANILO
847 NW 119 ST STE #205
MIAMI, FL 33168 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: DPT () Delete
Name: MOREIRA, COSME S
Address: 847 NW 119 ST STE #205
City-St-Zip: MIAMI, FL 33168

Title: DVP () Delete
Name: SOUSA, LUCIANO N
Address: 847 NW 119 ST STE #205
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: COSME S MOREIRA

DPT

04/25/2006

Electronic Signature of Signing Officer or Director

Date