
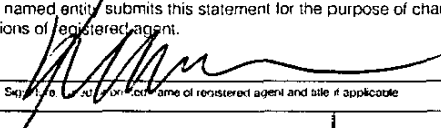
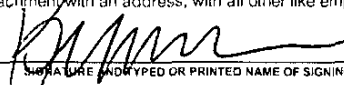


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90236 045 ***150.00

DOCUMENT # P05000119228 1. Entity Name INK WORKS PUBLICATIONS SERVICES, INC.					
Principal Place of Business 201 PEACEFUL RIDGE RD TARPON SPRINGS, FL 34689			Mailing Address P.O. BOX 251 TARPON SPRINGS, FL 34688		
2. Principal Place of Business 201 Peaceful Ridge Rd <small>Suite, Apt. #, etc</small>		3. Mailing Address P.O. Box 251 <small>Suite, Apt. #, etc</small>			
City & State Tarpon Springs, F <small>Zip</small> 34689 <small>Country</small> USA		City & State Tarpon Springs, FL <small>Zip</small> 34689 <small>Country</small> USA		4. FEI Number 34-2053831	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENMAN, KELLEY 201 PEACEFUL RIDGE RD TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Kelley Greenman Street Address (P.O. Box Number is Not Acceptable) 201 Peaceful Ridge Rd City Tarpon Springs FL <small>Zip Code</small> 34689		
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  1 May 06 <small>Set forth the full name of the registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEMAN, KELLEY 201 PEACEFUL RIDGE RD TARPON SPRINGS, FL 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOWELL, REESE 201 PEACEFUL RIDGE RD TARPON SPRINGS, FL 34689		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	
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	
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 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: 			1 May 06 727-942-9255 <small>Date Daytime Phone #</small>		