

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 021 ***158.75

DOCUMENT # P05000162854 1. Entity Name FULL SAIL PRINT AND MAIL, INC.					
Principal Place of Business 275 EAST CENTRAL PKWY # 1834 ALTAMONTE SPRINGS, FL 32701 US				Mailing Address 275 EAST CENTRAL PKWY # 1834 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business 4270 ALOMA AVE STE 124 Suite, Apt. #, etc.		3. Mailing Address 4270 ALOMA AVE STE 124 Suite, Apt. #, etc.			
City & State Winter Park, FL 32792 Zip 32792 Country USA		City & State Winter Park, FL Zip 32792 Country USA		4. FEI Number 20-4003810	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THAVARAJAH, IMAYAN 4325 STEED TERRACE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Desiree Coviello Street Address (P.O. Box Number is Not Acceptable) 4270 Aloma Ave Ste 124 City Winter Park FL Zip Code 32792		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
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	PRES VIDIMOS, JOHN J <input type="checkbox"/> Delete 275 EAST CENTRAL PARKWAY, # 1834 ALTAMONTE SPRINGS, FL 32701-343		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vidimos, John J 4270 Aloma Ave Ste 124 Winter Park, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Desiree Coviello 4270 Aloma Ave Ste 124 Winter Park, FL 32792	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/20/06 Daytime Phone # 407-252-9003		