2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 01, 2007 8:00 am Secretary of State 03-01-2007 90019 012 ***150.00

DOCUMENT # P06000012735 1. Enlity Name ALBERT ANTUNA GRAPHICS, INC.							03-01-2003	7 90019	012 ***15	50.00
Dringing Place	o of Pusinos			-						
Principal Place of Business Mailing Address 2844 MICHIGAN AVENUE 2844 MICHIGAN AVENUE						,				
KISSIMMEE, FL 34744 US			KISSIMMEE, FL 34744 US							
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					_ 					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				89 4 1) 6(1 1) 1 4		i ll 18858 IIIU 89	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02152007	Chg-P	CR2E	034 (12/06)		
City & State			City & State		4. FEI Number	12384	81	_ 	plied For t Applicable	
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current			legistered Agent			7. Name and Address of New Registered Agent				
					Name					
ANTUNA, ALBERT 2844 MICHIGAN AVENUE KISSIMMEE, FL 34744					Street Address (P.O. Box Number is Not Acceptable)					
					Case Addition (1. C. Box Hamber of the Arouphably)					
					City				Zip Code	9
					FL '					
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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
		FEE IS \$150.00 7 Fee will be \$550	9. Election Camp Trust Fund Co			5.00 May Be ded to Fees				
10.		OFFICERS ANI	D DIRECTORS		ADDITIONS/	CHANGES TO OF	ICERS AN	DIRECTOR	S IN 11	
TITLE	Р	2 2000			E				Change	Addition
NAME	ANTUNA	•		NAN	1					
STREET ADDRESS		NTALUCIA STREET		1	EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP	KISSIMM	EE, FL 34743								
TITLE			☐ Delete	JIII AAN					Change	☐ Addition
name Street address					EET ADIDRESS					
CITY-ST-ZIP					(-SI-ZIP					
TITLE			☐ Delete	TITL	F				☐ Change	Addition
NAME			□ Delete	NAN	- 1					
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP	İ			CIT	r-ST-ZIP					
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NAME				NAI	3					
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	 		☐ Delete	1111					Change	Addition
TITLE NAME			□ D ele le	NAI	ļ				c.ange	
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZiP					Y-SI-ZIP					
12 I bereby	certify that the	ne information supplied w	ith this filing does not qualify	for the ex	kemptions containe	ed in Chapter 11	9, Florida Statutes	I further ce	ertify that the	information
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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 the property of the corporation or the receiver of the corporation of the corpo										

02/20/07