FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90469 046 ***150.00

4/3

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000030924

1. Entity Name
INK BLOT GRAPHICS INCORPORATED

66017103

Principal Place of Business	Mailing Address
1534 WEST JOCELYNNE STREET CITRUS HILLS, FL 34434	1534 WEST JOCELYNNE STREET CITRUS HILLS, FL 34434

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2991 East Thomas St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS, Fl.	City & State
Zip: 34453 / Country: USA	Zip / Country

04272007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4434303 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, JAMES A JR 1534 WEST JOCELYNNE STREET CITRUS HILLS, FL 34434	Name: Gary Bryant Street Address (P.O. Box Number is Not Acceptable): 5663 West Crossmoor Pl. City: Lecanto FL Zip Code: 34461

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: Gary Bryant CEO — 4-27-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRYANT, GARY E	NAME	
STREET ADDRESS	5663 WEST CROSSMOOR PLACE	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP	
TITLE	PCOO ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	COLE, JAMES A JR	NAME	
STREET ADDRESS	1534 WEST JOCELYNNE STREET	STREET ADDRESS	
CITY-ST-ZIP	CITRUS HILLS, FL 34434	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRYANT, TARA L	NAME	
STREET ADDRESS	5663 WEST CROSSMOOR PLACE	STREET ADDRESS	
CITY-ST-ZIP	LECANTO, FL 34461	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gary Bryant — 4-27-2007 — 352-344-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #