



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 018 ***150.00

DOCUMENT # P06000044143					
1. Entity Name DC PRINTING & GRAPHICS, INC.					
Principal Place of Business 9861 WEST SAMPLE ROAD #163 CORAL SPRINGS, FL 33065			Mailing Address 9861 WEST SAMPLE ROAD #163 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # 2520 Northwest 16th Lane Suite, Apt. #, etc. #12		3. Mailing Address 46 Mark I. Ingber CMAA Suite, Apt. #, etc. 10100 West Sample Road #326			
City & State Pompano Beach FL		City & State Coral Springs FL		4. FEI Number 56-2568168	
Zip 33064		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUBROW DUKER & ASSOCIATES, P.A. 5401 N. UNIVERSITY DRIVE SUITE 204 CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name: Doug Curren Street Address (P.O. Box Number is Not Acceptable): 4334 Coral Springs Drive City: Coral Springs FL Zip Code: 33065			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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	P CURREN, DOUG 9861 WEST SAMPLE ROAD, #163 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P-S-T Doug Curren 4334 Coral Springs Drive Coral Springs, FL 33065	
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	
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: <u>Doug Curren</u> <u>Doug Curren</u> <u>4/27/07</u> <u>954-510-0109</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					