

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90223 007 ***150.00

DOCUMENT # P06000044143					
1. Entity Name DC PRINTING & GRAPHICS, INC. <i>4337 CORAL SPRINGS DRIVE C.S 33065</i>					
Principal Place of Business 2520 NORTHWEST 16TH LANE #12 POMPANO BEACH, FL 33064			Mailing Address C/O MARK I. INGBER CPA+PA 10100 WEST SAMPLE ROAD #320 CORAL SPRINGS, FL 33065-3973		
2. Principal Place of Business - No P.O. Box # <i>4337 CORAL SPRINGS DR</i>			3. Mailing Address Suite, Apt. #, etc. <i>319</i>		
City & State <i>CORAL SPRINGS FL</i>			City & State _____		
Zip <i>33065</i>		Country <i>USA</i>		Zip _____	
Country _____		4. FEI Number 56-2568168			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CURREN, DOUG 4337 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CURREN, DOUG 4337 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____				
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TITLE NAME STREET ADDRESS 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: <i>Doug Curren</i> Doug Curren President <i>4/2/08</i> <i>954-510-0109</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					