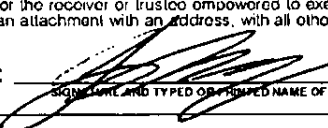


2007 FOR PROFIT CORPORATION ANNUAL REPORT (ART)

3/1

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-14-2007 90037 034 ***150.00

DOCUMENT # P06000086844 1. Entity Name POISE PUBLISHING INC					
Principal Place of Business 12404 NEWELL GREEN PLACE JACKSONVILLE FL 32246				Mailing Address 12404 NEWELL GREEN PLACE JACKSONVILLE FL 32246	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, JOHNNY 12404 NEWELL GREEN PLACE JACKSONVILLE FL 32246				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 filer is acceptable (NOTE: Registered Agent signature required when registered)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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		
FILE NAME STREET ADDRESS CITY ST ZIP P JONES, JOHNNY ☐ Delete 12404 NEWELL GREEN PLACE JACKSONVILLE FL 32246	FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
FILE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
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FILE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		FILE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			36-07 904-338-3378 Typed Name of Signing Officer or Director Date Daytime Phone #		