2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P06000108075 1. Entity Name AVATAR GRAPHICS, INC.					04-24-2008 90113 037 ***150.00					
Principal Place	e of Business	Mailing Address								
4932 JAMMES ROAD 4932 JAMMES ROAD JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32		4932 JAMMES ROAD JACKSONVILLE, FL 32210	n							
MUNICONVILLE, TE SELTO				1		I PILIT BIRLII TERRI ETRII ETRII	1 (1 1) 1 13 13 13 1	1 18 10 1818		
,	lace of Business - No P.O. Box #	3. Mailing Address 26 N. DRANGE AVE								
Suite, Apt. #, etc.		Suite, Apt. #, etc.] 03152008 Chg-P CR2E034 (12/06)					
Green Cove Spgs FL		City & State			4. FEI Numbe			Ар	plied For	
Zip Country		bleen Cove Springs,		, FU	20-5408298 Not Applicable 5 Codificate of Status Posited Posite					
^{Zip} 3 20	43 USA	22043	ILSA			of Status Desired	F	ee Required		
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name							
BRIAN, MARTIN L 4932 JAMMES RD				Street Address (P.O. Box Number is Not Acceptable) 26 N. ORANGE AVE						
JACKSONVILLE, FL 32210				becen Cove Springs						
				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 D MARTS PRESIDENT APRIL 22										
SIGNATURE 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE NAME	P MARTIN, BRIAN M	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4932 JAMMES ROAD		STREET ADDRESS CITY-ST-ZIP			NGE AVE		043		
TITLE	JACKSONVILLE, FL 32210 V	Delete	TITLE	OKE	en cove	Spgs, F		Change	☐ Addition	
NAME	WOOD, JENNIFER M	7	NAME	21.	M 0000	SE AVE		7		
STREET ADDRESS CITY-ST-ZIP	4932 JAMMES RD JACKSONVILLE, FL 32210		STREET ADDRESS CITY-ST-ZIP	bre	en Cava.	.5000 F	≥r. 32	20 43		
TITLE	VICE PRESIDENT	☐ Delete	TITLE	Day	1F.1 W. F	Spap F ROEHLICH		☐ Change	Addition	
NAME STREET ADDRESS	DANIEL WI FROEHLIN	² M	NAME STREET ADDRESS	7/ 1	LOLING	c Ave		2		
CITY-ST-ZIP	26-N-OLANGE AVE GREEN COVES PRING	J.FL 32043	CITY-ST-ZIP	ER	EEN COV	c Ave e String	S, Fl	3200	73	
TITLE NAME		☐ Delete	TITLÉ NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		—	CITY-ST-ZIP							
TITLE NAME		C. Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS						ļ	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP	ontained	in Chapter 119	. Florida Statutes 1	further certif	that the ir	nformation	
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.										