2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148364

Entity Name: KINGDOM GRAPHICS INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9312 NW 13 STREET BAY 7 DORAL, FL 33172 **Current Mailing Address: New Mailing Address:** 9312 NW 13 STREET BAY 7 DORAL, FL 33172 FEI Number: 20-5977715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, HECTOR F 8454 NW 8 ST, 7 MIAMI, FL 33126 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTINEZ, HECTOR F Name: Name: 8454 NW 8 ST, 7ET BAY 7 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition MARTINEZ, GILBERT Name: Name: 14956 SW 142 ST Address: Address: MIAMI, FL 33198 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MARTINEZ, HECTOR Name: Name: 8454 NW 8 ST. 7 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: () Delete Title: () Change () Addition MARTINEZ, ISABEL Name: Name: Address: 8454 NW 8 ST, 7 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: ٧S () Delete Title: () Change () Addition MARTINEZ, DEABY Name: Name: 8454 NW 8 ST. 7 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HECTOR MARTINEZ PRES 04/30/2007

City-St-Zip:

MIAMI, FL 33126