2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 26, 2008
Secretary of State

DOCUMENT# P07000092839

Entity Name: PRINTCEUTICALS, INC.

Current Principal Place of Business:

8074 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

177 RIVERSIDE DRIVE
SUITE F936
NEWPORT BEACH, CA 92663

Current Mailing Address:

8074 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

177 RIVERSIDE DRIVE
SUITE F936
NEWPORT BEACH, CA 92663

FEI Number: 26-0757554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVIGNE, GARY
8074 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068 US

Name and Address of New Registered Agent:

WATTS, KATHLEEN
177 RIVERSIDE DRIVE
SUITE F936
NEWPORT BEACH, FL 92663 US

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: KATHLEEN WATTS 07/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATTS, KATHLEEN
Address: 8074 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SEC (X) Delete
Name: LIVIGNE, GARY
Address: 8074 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WATTS, KATHLEEN
Address: 177 RIVERSIDE DRIVE F936
City-St-Zip: NEWPORT BEACH, CA 92663

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KATHLEEN WATTS PD 07/26/2008
Electronic Signature of Signing Officer or Director Date