

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90213 032 ***150.00

DOCUMENT # P93000063210 1. Entity Name INNOVATIVE PRINTING, INC.					
Principal Place of Business 4700 PARKWAY COMMERCE BLVD BUILDING 605 STE. A ORLANDO, FL 32808			Mailing Address 4700 PARKWAY COMMERCE BLVD BUILDING 605 STE. A ORLANDO, FL 32808		
2. Principal Place of Business - No P.O. Box # 6648 N. Orange Blossom Tr.		3. Mailing Address 6648 N. Orange Blossom Tr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007 Chg-P CR2E034 (12/06)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-3200098	
Zip 32810		Country USA		Applied For Not Applicable	
Zip 32810		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, RICHARD W. 112 N FLORIDA AVE DELAND, FL 32720			7. Name and Address of New Registered Agent Name: Winkelsas, Tiffany A. Street Address (P.O. Box Number is Not Acceptable): 1601 Jackson St. Suite 201 City: Fort Myers State: FL Zip Code: 33901		
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: Tiffany Winkelsas DATE: 4/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$165.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WINKELSAS, LAYNE A 449 WHISPERING OAK LANE APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRYAN-WINKELSAS, KEELY 449 WHISPERING OAK LK APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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:			4/18/07 407 293 8777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAYNE WINKELSAS			Date Daytime Phone #		