


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 015 ***150.00

DOCUMENT # P94000025893 1. Entity Name MBA GRAPHICS OF TAMPA, INC.																			
Principal Place of Business 201 KELSEY LANE TAMPA, FL 33619			Mailing Address 201 KELSEY LANE TAMPA, FL 33619																
2. Principal Place of Business 116 Adalia Av			3. Mailing Address 116 Adalia Av																
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																
City & State Tampa FL			City & State Tampa FL																
Zip 33606			Zip 33606																
Country USA			Country 																
4. FEI Number 59-3243446																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent STANTON, W. J. P. A. 200 S BISCAYNE BLVD STE 8410 MIAMI, FL 33134																			
7. Name and Address of New Registered Agent Name W. J. STANTON P.A. Street Address 999 Ponce de Leon PENNSA 1110 City CORAL GABLES FL Zip 33134																			
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 W. J. Stanton P.A. DATE MARCH 28, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring.)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																			
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD MANDT, RICHARD D 116 ADALIA AVE TAMPA, FL 33606 </td> <td style="width:50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD MANDT, RICHARD D 116 ADALIA AVE TAMPA, FL 33606	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard D Mandt DATE: 25 MAR 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																			

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