2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # P94000035713 1. Entity Name CALLYGRAPHICS, INC. | | | | | | | Feb 16, 2004 08:00 AM Secretary of State | | | | |
|--|---|---|--|--|----------------------|--|--|---|------------------------------------|-----------------------------------|---|
| Dunning Ding | C | | Mattin | n Addross | | | | | | | |
| Principal Place | | | Mailing Address 15848 SANCTUARY DR | | | | | | | | |
| 15848 SANCTUARY DR TAMPA FL 33647 | | | TAMPA FL 33647 | | | | | | | | |
| | | | | | | | | 1 (177 /97) (1 7 (17) 4 (17) 10 (17) | 60 111 20100 11101 1 | | |
| 2. Principal P | lace of Busin | ness | 3. Mai | . Mailing Address | | | _ | | | | |
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| Suite, Apt. | #, etc | | Suite, Apt. #, etc. | | | | MOORE | CR2E034 | (11/03) | | |
| City & State | e | | City & State | | | 4. | FEI Number | = | Ap | plied For | |
| 7. Causan | | | 7in Cour | | | dur. e | 59-3233285 Not Applicable 5 Catificate of Status Pagings S8.75 Additional | | | | |
| Ζιρ | p Country | | | Zip Cour | | | 5. | Certificate of Status Desired | | \$8.75 Add Fee Required | |
| | 6. Name | and Address of Curren | Registere | ed Agent | · | 7. Name and Address of New Registered A | | | | gent | |
| GRIFFITH, CAROLYN | | | | | | Name | | | | | |
| | | TUARY DRIVE | | | | Street Address (P.O, Box Number is Not Acceptable) | | | | | |
| | MPA FL 3 | | | | | | | | | | |
| | | | | | | City | | | | Zip Code | |
| | | | | | | l | , | ··· | FL | <u> </u> | |
| | named entit | | or the purp | ose of changing its | register | ed office or regi | stered ac | gent, or both, in the State of Flo | orida. I am f | amiliar with, | and accept |
| • | lean. | and Olasa | | | | | | | 2/14 | 104 | |
| SIGNATURE . | Signature, typed | or printer name of registered agen | and title if app | olicable (NOT | E Registere | d Agent signature raq | ured when r | einstating) | DATE | | |
| F | ILE NOW! | !! FEE IS \$150.00 | -वयवस् म | | | | | | <u> </u> | | - |
| After May 1, 2004 Fee will be \$550.00 | | | | | | | | 9. Election Campaign Fit Trust Fund Contribution | | | O May Be I to Fees |
| | k Payable to | o Florida Department o | 6 - Paris - 18 4 - 1 | | _ | | | | | | |
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| NAME | <u> </u> | CAROLYN | | ☐ Detete | NAM | | | | | Criatige | Modificia |
| STREET ADDRESS | ADDRESS 15848 SANCTUARY DRIVE | | | STR | | | | | | | |
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| NAME STREET ADDRESS | | | | | NAM | e Et address | | | | | |
| CITY-ST-ZIP | | | | | 4 | -ST-ZIP | | | | | |
| | certify that th | e information supplied wil | h this filing | does not qualify fo | | | Section | 119.07(3)(i), Florida Statutes. | I further cert | ify that the in | nformation |
| indicatéd of the cor changed, | on this repo poration or th , or on an atta | rt or supplemental report he receiver or trustee emp achment with an address, | is true and lowered to with all of | accurate and that r execute this report ner like empowered | ny signa as requi | ture shall have t red by Chapter | the same 607, Flor | 119.07(3)(i), Florida Statutes, legal effect as if made under ida Statutes; and that my nam | oath; that I a e appears In | m an officer Block 10 or | or director Block 11 if |

FILED

2/12/04 (817) 975-0823 Date Daylime Phone #