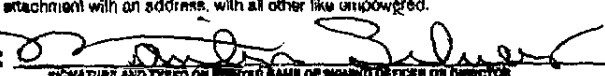


FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000038967 1. Entity Name SOUTHWEST PRINTING AND DESIGN, INC.		
Principal Place of Business 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174	Mailing Address 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent SILVERS, MARILYN 513 LAKEBRIDGE DR. ORMOND BEACH, FL 32174		
DO NOT WRITE IN THIS SPACE		
3. 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 _____ (NOTE: Registered Agent signature required when registering)		
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	4. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SILVERS, MARILYN 513 LAKEBRIDGE DR ORMOND BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 007, 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: 		Date 4-29-05 386 672-6719 Twelve Phone #

Marilyn Silvers