
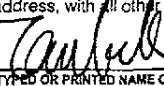


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000050868 1. Entity Name PRINTER'S FAIR INC.		
Principal Place of Business 3976 LAKE WORTH RD LAKE WORTH, FL 33461	Mailing Address 3976 LAKE WORTH RD LAKE WORTH, FL 33461	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BA LE, TAM 16501 DEERPATH LN LOXAHATCHEE, FL 33470-5007		DO NOT WRITE IN THIS SPACE
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 _____ <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 \$150.00 After May 1, 2006 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		
TITLE	D	
NAME	BA LE, TAM	
STREET ADDRESS	16501 DEERPATH LN	
CITY - ST - ZIP	LOXAHATCHEE, FL 334705007	
TITLE	D	
NAME	MINH LE, CHAU	
STREET ADDRESS	16501 DEERPATH LN	
CITY - ST - ZIP	LOXAHATCHEE, FL 334705007	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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: 		1/26/06 561-641 9765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0509142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000402638
02/03/06-80018-015 150.00

**DO NOT WRITE
IN THIS SPACE**