

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90039 037 \*\*\*150.00

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<b>DOCUMENT # P94000078651</b> 1. Entity Name <b>PRINT AMERICA, INC.</b>						
Principal Place of Business <b>1318 N MILITARY TRAIL</b> <b>WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>1318 N MILITARY TRAIL</b> <b>WEST PALM BEACH, FL 33409 US</b>			
2. Principal Place of Business - No P.O. Box # <b>1286 N MILITARY TRAIL</b>		3. Mailing Address <b>1286 N MILITARY TRAIL</b>				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>65-0530801</b>		
Zip <b>33409</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KRIEG, MITCHELL</b> <b>1318 N MILITARY TRAIL</b> <b>WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name <b>KRIEG, MITCHELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1286 N MILITARY TRAIL</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33409</b>			
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEG, MITCHELL 1318 N MILITARY TRAIL WEST PALM BEACH, FL 33409		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEG, MITCHELL 1286 N MILITARY TRAIL WEST PALM BEACH, FL 33409	
			<input type="checkbox"/> Change <input type="checkbox"/> Add			
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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:			2-15-07 561-2424911			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			