


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90079 005 \*\*\*150.00

<b>DOCUMENT # P95000029524</b>		
1. Entity Name <b>REPOGRAPHIC SYSTEMS, INC.</b>		

Principal Place of Business <b>116 TUPELO AVE SE FT. WALTON BEACH FL 32548 US</b>	Mailing Address <b>116 TUPELO AVE SE FT. WALTON BEACH FL 32548 US</b>
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2. Principal Place of Business <b>637 A REAL ARMY</b>	3. Mailing Address <b>637 A REAL ARMY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT WALTON BEACH, FL</b>	City & State <b>FT WALTON BEACH, FL</b>	4. FEI Number <b>59-3310417</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32548</b>	Country <b>OKALOOSA</b>	Zip <b>32548</b>	Country <b>OKALOOSA</b>



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>HENDERSON, WILLIAM A JR. 105 BEACH DR. SUITE A-1 FT. WALTON BEACH FL 32547</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GEORGE E. ENGLER</b> <b>124 WATSON DR</b> <b>FT. WALTON BCH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUDY R. HILL</b> <b>923 CLAIVEREN CIR</b> <b>FORT WALTON BEACH FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAM A. HENDERSON JR.</b> <b>105 BEACH DRIVE STE A-1</b> <b>FORT WALTON BEACH FL 32547</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **WILLIAM A. HENDERSON JR.** **4/30/06 (870) 862-4164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #