

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044066

Entity Name: PHOTO OFFSET INC.

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

4545 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4545 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

New Mailing Address:

1612 CHURCHILL DOWNS DR.
WAXHAW, NC 28173

FEI Number: 65-0586100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, R J
4545 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNOWLES, R J
Address: 4545 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: KNOWLES, ANNE
Address: 4404 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KNOWLES, ANNE
Address: 4545 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. J. KNOWLES

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date