## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 20, 2005 8:00 am Secretary of State **DOCUMENT # P95000053395** 05-20-2005 90034 027 \*\*\*150.00 GRAPHIC SOURCE OF PALM BEACH, INC. Principal Place of Business Mailing Address 16424 121ST TETTACEN 16424 121ST. TETTACEN accarona JJPTTER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address 2075Delaware Blvd. 2075, Delaware Suite, Apt. #, etc. Suite, Apt. #, etc. 05102005 Chg-P CR2E034 (10/03) Oity & State City & State 4. FEI Number Applied For Junite 65-0592108 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Palmbch Palm Bch Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent STOLL. WILLIAM J 16424 121ST. TERRACE N. JUPITER, FL 33478 worter 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 FILE NOW!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE [2] Change Addition STOLL, WILLIAM J NAME 75. Deparare Blvd. STREET ADDRESS 16424 121ST, TERRACE N. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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.

1/illiam |

5-10-05

FILED