2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000081919

1. Entity Name

CENTRAL REPROGRAPHICS, INC.



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90269 005 ***150.00

Principal Place	e of Business	Mailing Address	<u> </u>						
1612 N ORAI		1612 N ORANGE AVE				500	0056	72	
orlando, fi	L 32804 US	ORLANDO, FL 32804	JS					. ~	
					I			. 81 1 1 1 1 1 1	
2. Principal P	lace of Business	3. Mailing Address	aurel St.						
Suite, Apt. #, etc.		Suite_Apt. #, etc.		03202006	Chg-P	CR2E034 ((11/05)		
		Suite 216	0	4. FEI Numb	<u> </u>		`	aliand Con	
City & State		City & State City & State City & State			Per 17188		 	plied For t Applicable	
Zip	Country	Zip 33(207 H	Sountry 5 1136 or ough	5. Certificate	e of Status Desired		. 75 Addi Required		
	6. Name and Address of Current	````	17.05 or 45.21.67	7. Name and	d Address of New Reg			<u>'</u>	
		Name							
KORMAN, MARTHA 1612 N ORANGE AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
), FL 32804								
-									
			City			FL	Zip Code	;	
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 obligati	ions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent	and the happicable (NOTE Me)	gisiereo Agent Signalure roqui	red when reinstating)	T	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			· _ ·	5.00 May Be dded to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIF	RECTORS	IN 11	
TITLE	PTD	☐ Delete	TITLE] Change	Addition	
NAME STREET ADDRESS	KORMAN, MARTHA 1612 N ORANGE AVE		NAME STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE] Change	☐ Addition	
NAME	ZAVALA, CARMEN R		NAME						
STREET ADDRESS !	1612 N ORANGE AVE ORLANDO, FL 32804	-	STREET ADDRESS CITY-ST-ZIP					ĺ	
TIFLE	VD	☐ Defele	TITLE] Change	Addition	
NAME	WILLIAMS, GREGORY A	□ Delete	NAME) Grange		
STREET ADDRESS	1612 N ORANGE AVE		STREET ADDRESS					ļ	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE] Change	Addition	
NAME	VASSOS, PETER C		NAME						
STREET ADDRESS CITY-ST-ZIP	1612 N ORANGE AVE ORLANDO, FL 32804		STREET ADDRESS CITY-ST-ZIP						
	OREA(400,1 E 32804	☐ Delete	TITLE		•		Change	☐ Addition	
TITLE NAME		□ Delete	NAME) Grange		
STREET ADORESS			STREET ADDRESS					·	
CITY-ST-ZIP			CITY - ST - ZIP						
TITLE		☐ Delete	TITLE] Change	☐ Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	ad a Charta	ID Florido Castras 17	uthou could :	that #= `-	formation	
12. Lhereby certify that the information supplied with this filling 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 eath; 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:	Wester	W/A
SIGNATURE:	TRUCK	$\neg \gamma \cap \sigma$

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR