## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2006 08:00 AM Secretary of State **DOCUMENT # P96000014585** GRAPHICS OF TOMORROW, INC. Principal Place of Business Mailing Address 4130 S. FLORIDA AVE. 4130 S. FLORIDA AVE. LAKELAND, FL 33813 LAKELAND, FL 33813 No Chg-P CR2E034 (11/05) 01042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3367791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILPSON, LYLE R DO NOT WRITE 4130 S. FLORIDA AVE. LAKELAND, FL 33813 IN THIS SPACE 3. 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 ubligations of registered agent. SIGNATURE Squature, typed or printed harms of registered agent and title if applicable INCITE Registered Agent signature required when reinstakings DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 18. Τιτι€ PHILIPSON, LYLE NAME STREET ADDRESS 2370 BRANDON RD CITY-ST-ZIP LAKELAND, FL 33803 TITLE NAME 100000449119 STREET ADDRESS 03/09/46-80042-019 150.00 CHIY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CSTY - ST - ZXP UTLE

12. Thereby certify that the information adoptive 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 supplied that 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 regeliver 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 charged, or on an attact plenty with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP BITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**