## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Mar 16, 2006 08:00 AM Secretary of State **DOCUMENT # P96000014847** 1. Entity Name BOGUS PRINTING, INC. Mailing Address Principal Place of Business 320 E INTERLAKE BLVD 320 E INTERLAKE BLVD LAKE PLACID, FL 33852 LAKE PLACID, FL 3385Z CR2E034 (11/05) 02122006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0668177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOGUS, PAUL E DO NOT WRITE 320 E INTERLAKE BLVD LAKE PLACID, FL 33852 IN THIS SPACE 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. (am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, twood or content name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE BOGUS, PAUL E NAME STREET ADDRESS 320 E INTERLAKE BLVD 1100000470079 03/27/06-80028-013 150.00 LAKE PLACID, FL 33852 City-ST-ZIP OVST TITLE NAME BOGUS, HELEN E 320 E INTERLAKE BLVD STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 77728 NAME STREET AUDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby 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 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

FILED