2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM DOCUMENT # P96000020098 Secretary of State 1. Entity Name ACTION WHOLESALE PRINTERS, INC. Principal Place of Business Mailing Address 7040 STAPOINT CT 7040 STAPOINT CT WINTER PARK, FL 32792 WINTER PARK, FL 32792 1115 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3365272 Not Applicat! \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOENIGSMANN, ROSS E. DO NOT WRITE 229 LOCH LOW DRIVE SANFORD, FL 32773 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. INDIE Registered Agent storature required when reinstating) DATE 9. Section Campaign Financing \$5.00 May 8a FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П U000000513993 Trust Fund Contribution. Added to Fees <u>04/29/06-80150-019 150.00</u> OFFICERS AND DIRECTORS 10 PSTD TITLE KOENIGSMANN, ROSS E NAME 229 LOCHLOW DRIVE STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CHY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated 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 diffeer 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.

CICAIATHDE.

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

E. Koenigmi