


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000011068 1. Entity Name DESIGN PRESS INC.	
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Principal Place of Business 323 POTTER RD. QUINCY, FL 32351 US	Mailing Address P O BOX 42 GREENSBORO, FL 32330 US
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04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3449374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent O'CONOR, FRANK 323 POTTER ROAD QUINCY, FL 32351
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000745385
05/16/07-80027-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONOR, ANNA 323 POTTER ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONOR, FRANK 323 POTTER ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, JENNIFER 5296 VILLAGE WAY TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAMULARO, CARMEN 7504 BEAVER FORD RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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.

SIGNATURE: Anna O'Connor Anna O'Connor 04-26-07 850-442-4583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #