## 2907 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2007 08:00 Al Secretary of State

DOCUMENT # P9700011645  1. Entity Name LASTING IMPRESSIONS BUSINESS GRAPHICS, INC.								Secretary of Sta				
Principal Place of Business 2801 NW 55TH CT FT LAUDERDALE, FL 33309 US				ailing Address 1801 NW 55TH CT T LAUDERDALE, FL 3	US		IN INIS INTII NNIII OTIII G	1 <b>8</b>     88   <b>1</b>       68      1	1   1   1   1   1   1   1   1   1   1	<b>                                   </b>		
2. Principal Place of Business - No P.O. Box #				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		01112007	Chg-P	CR2E0	34 (12/06)			
City & State				City & State		4. FEI Numb 65-07				plied For t Applicable		
Zıp	Country			Zip Coun		ntry ,		e of Status Desired		\$8.75 Add		
•	6. Name	and Address of Curre	nt Regis	tered Agent		Name	7. Name an	d Address of New	Registered /	Agent	-	
GLAROS, NICK 2801 NW 55TH COURT FT LAUDERDALE, FL 33309					Street Address (P.O. Box Number is Not Acceptable)							
						City			FL	Zip Code	9	
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	For printed name of registered age	ent and title	f applicable (NOT	E: Registere	ed Agent signature require	ed when reinstating)		DATE		•	
		FEE IS \$150.00 7 Fee will be \$550	9. Election Campa Trust Fund Cont		5.00 May Be ided to Fees		·		, 1			
10.	Б	OFFICERS AN	ID DIREC		11. IIIL		ADDITIONS	/CHANGES TO OI	FICERS AND		S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	GLAROS 2801 NW			□ Delete	NAM STRE	i				☐ Change	Audition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLI NAM STRE	F				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1			000 04/27/	10007141 107-800:	575 <sup>Change</sup> 30-014	□ Addition 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		_ Delete		<b>I</b>				☐ Change	Addition	
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 trusted 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:    SIGNATURE   Date   Daytime Prone   Daytime Prone												