


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90071 046 \*\*\*158.75

|   |   |
|---|---|
| <b>DOCUMENT # P97000016958</b>              |  |
| 1. Entity Name<br><b>THE INK PLACE INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> | Mailing Address<br><b>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

400100



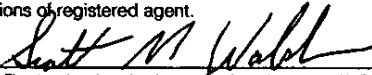
04172007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0728536</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                    |
| <b>WALSH, HAROLD J<br/>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>                                |
| Name <b>WALSH, SCOTT M.</b>   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>820 NORTH SCENIC HWY</b> |
| City <b>BABSON PARK</b> <b>FL</b> Zip Code <b>33827</b>                           |

|   |                       |                       |
|---|-----------------------|-----------------------|
| 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    | <b>SCOTT M. WALSH</b> | <b>April 17, 2007</b> |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                       |                       |

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WALSH, HAROLD J<br/>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>WALSH, CATHERINE<br/>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>WALSH, SCOTT M<br/>820 NORTH SCENIC HWY<br/>BABSON PARK, FL 33827</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

|   |                       |                                     |
|---|-----------------------|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>SCOTT M. WALSH</b> | <b>April 17, 2007 863 638394</b>    |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     |                       | <small>Date Daytime Phone #</small> |