


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90114 048 \*\*\*150.00

<b>DOCUMENT # P97000033888</b> 1. Entity Name <b>IMPRINT INDIE PRINTING, INC.</b>					
Principal Place of Business <b>2025 S TAMiami TRL VENICE, FL 34293</b>			Mailing Address <b>2025 S TAMiami TRL VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box # <b>3449 TECHNOLOGY DR.</b>		3. Mailing Address <b>3449 TECHNOLOGY DR.</b>			
Suite, Apt. #, etc. <b>Unit 212</b>		Suite, Apt. #, etc. <b>Unit 212</b>			
City & State <b>North Venice</b>		City & State <b>North Venice</b>		4. FEI Number <b>65-0760117</b>	
Zip <b>34275</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>T&amp;H COMPTROLLERS, INC. 200 CAPRI ISLES BLVD. STE. 2 VENICE, FL 34292</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSSMANN, WALTER 5330 CITADEL RD. VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CHALAIRE, BRETT 724 EVEREST RD. VENICE, FL 34293</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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> _____			Date <b>4/30/07</b> Daytime Phone # <b>941-484-5151</b>		