2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006 8:00 am
Secretary of State
09-01-2006 90002 020 ***550.00

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1. Entity Name
EXACT BUSINESS PRINTERS, INC.

Principal Place of Business	Mailing Address
1936 W. MARTIN LUTHER KING BLVD SUITE 201 TAMPA, FL 33607	1936 W. MARTIN LUTHER KING BLVD SUITE 201 TAMPA, FL 33607

05032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
235 W. Brandon Blvd	235 W. Brandon Blvd.
Suite, Apt. #, etc.: Suite 332	Suite, Apt. #, etc.: Suite 332
City & State: Brandon FL	City & State: Brandon FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

4. FEI Number: 59-3445545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, THOMAS N 1936 W. MARTIN LUTHER KING BLVD TAMPA, FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, THOMAS N 2612 AMBERLY PLACE SEFFNER, FL 33584	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: _____ 5/3/06 813-854-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #