


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90094 009 ***150.00

DOCUMENT # P97000038297 1. Entity Name EXACT BUSINESS PRINTERS, INC.																													
Principal Place of Business 235 W BRANDON BLVD SUITE 332 BRANDON, FL 33511			Mailing Address 235 W BRANDON BLVD SUITE 332 BRANDON, FL 33511																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3445545 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202007 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent ALLEN, THOMAS N 1036 W. MARTIN LUTHER KING BLVD TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Allen, Thomas N. Street Address (P.O. Box Number is Not Acceptable) 2612 Amberly Pl City Seffner FL Zip Code 33584																										
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 <i>Thomas N. Allen</i> Thomas N. Allen President 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: <i>Thomas N. Allen</i> Thomas N. Allen President 813-854-8289 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													