2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P9700004097 R GRAPHIČS, INC.	2		Secretary of State
12705 25Th	H STREET	ailing Address 2705 25TH STREET OXAHATCHEE, FL 33470		
DO NOT WRITE IN THIS SPACE			CE	04132005 No Chg-P CR2E034 (10/03) 4. FEI Number
DAUBER, SUZANNE_S 12705 25TH STREET LOXAHATCHEE, FL 33470				DO NOT WRITE IN THIS SPACE
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, hyped or printed name of registered agent end fills if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DAUBER, SUZANNE S 12705 25TH STREET LOXAHATCHEE, FL 33470	CTORS		000000316819 04/19/05-80094-001 75.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME				U00000316819 04/19/05-80094-002 75.00
STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	cartify that the information supplied with this f	illing does not qualify for the eye	motion stated in Se	action 119.07(3)(i). Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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				

SIGNATURE: Sugarule S. Dauble Suzanne S. Dauber April 13, 2005 (561) 793.2414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Prome #