FILED May 05, 2006 8:00 am Secretary of State

2	2006 FOR PROFIT CORPORATION							Secretary of State				
	ANN	IUAL R	EPORT					05-05-200	6 90164	019 ***1	50.00	
DOCUMENT # P97000041202 1. Entity Name POWER PRINTING OF FLORIDA, INC.							₫ !	JUUVVV~				
Principal Plac	e of Business	M	alling Address								•	
956 1ST AVENUE NORTH ST. PETERSBURG, FL 33705 US			956 13T AVENUE NORTH St. Petersburg, FL 33705 us) 1879) (8 3 8) 18 24 18 74) 6 7	Ffil Obite behre er	110 MARIO (400 MA	II II (1 172)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04252006	Chg-P	CR2E0	34 (11/05)		
City & State			City & State				4. FEI Number Applied For 38-2722758 Not Applied be					
Zip	Country		Zip	try	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												
POWERS, JERRY					Name Street Address (P.O. Box Number is Not Acceptable)							
3715 5TH AVE N.E. BRADENTON, FL 34208					Seast Modica & 10: ook latitibet is tak Conceptants)							
						/ 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. Lam familiar with, and accept												
the obligations of registered agent.												
SIGNATURE Sunstre, typed or project name of registered agent and title of appointme. (NOTE: Registered Agent signature required when reinstating) DATE												
	E NOWIII FEE IS \$1! ay 1, 2006 Fee will b		9. Election Campa Trust Fund Cont		cing		00 May Be ed to Fees					
10.		CERS AND DIRE	CTORS	11.			ADDITIONS,	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
name Street adoress City-S1-ZIP	PRES POWERS, JERRY W 3715 5TH AVE NE	POWERS, JERRY W 3715 5TH AVE NE								☐ Change	☐ Addition	
TITLE	BRODENTON, FE 342			TITLE		V.P				☐ Change	Addition	
NAME			NAME		Pov	bwers, Lillian 715 5th Ave N			<i>_</i>			
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP		5 5 ^m / adenton		\ to \$'			
TITLE		☐ Detete		TITLE			ACAEM IVY	1 - 0 10		Changs	Addition	
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STREET ADDRESS CTTY-ST-ZIP					et address - St-2ip						_	
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CITY-ST-ZIP					-ST-ZIP							
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NAME STREET ADDRESS				NAME STRE	ET ADDRESS							
CITY-ST-ZIP					-ST. ZIP							
12. I hereby	certify that the information s	upplied with this	filing does not qualify f	or the exe	emptions of	ontaine	in Chapter 11	9. Florida Statutes.	I further cer	tify that the i	nformation	

12. Thereby certify that the information supplied with this hing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report or suppliemental report, is true, and accurate and that my signature shall have the same legal effect as if made under outh, that I am an officer or of inector of the corporation or the receiver or trusted-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:

ATURE AND TIPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

4/25/06

727.823.1162 DESTINO PROPO 8