


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90011 027 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P97000078102</b>                    |  |
| 1. Entity Name<br><b>GRAPHIC INNOVATIONS INC.</b> |   |

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| Principal Place of Business<br><b>6031 LAKESIDE DRIVE<br/>LUTZ, FL 33558</b> | Mailing Address<br><b>6031 LAKESIDE DRIVE<br/>LUTZ, FL 33558</b> |
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01042008 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3467492</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>FLORENCE, DEBORAH L<br/>6031 LAKESIDE DR<br/>LUTZ, FL 33558</b> |
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| 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>Deborah Florence</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE <b>1/4/08</b><br><small>(NOTE: Registered Agent signature required when not stating)</small> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PV<br>FLORENCE, JR. O<br>6031 LAKESIDE DR.<br>LUTZ, FL 33558   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>FLORENCE, DEBORAH<br>6031 LAKESIDE DR.<br>LUTZ, FL 33558 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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>Deborah Florence</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | DATE <b>1/4/08</b><br><small>Daytime Phone #</small> |