## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000017113  1. Entity Name PAPER KNIGHT, INCORPORATED					Secretary of Stat			
800 OLD GR	e of Business IFFIN ROAD 13004 US	Mailing Address 800 OLD GRIFFIN ROAD DANIA, FL 33004 US	•	;				
			· · · · · · · · · · · · · · · · · · ·					
DO NOT WRITE IN THIS SPA			^=	0105	2007 No Chg-F	CR:	2E034 (11/05)	
			CE		Number -0814468		Applied For Not Applicable	
					ificate of Status Desir	ed []	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent							·····	
TAGGART, TOM 4940 SW 29TH WAY FORT LAUDERDALE, FL 33312			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for th ions of registered agent.	e purpose of changing its register	ed office or re	gistered agent	HOC	1000581		
	Signature, lyped or printed name of registered agent and l	itte if applicable (NOTE: Registere	ed Agent signature i	equired when reinst		Δ	TE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Added to Fee	Be S		i	
10.	OFFICERS AND DIF	ECTORS						
TITLE NAME	PSD TAGGART, TOM							
STREET ADDRESS	4940 SW 29TH WAY							
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312		1					
TITLE			1					
NAME STREET ADDRESS								
Ctry-St-ZIP			ŀ					
TITLE	[		1					
NAME STREET ADDRESS								
STREET ADDRESS CITY-ST-ZIP			1		O NOT	WRI	ΓΕ	

IN THIS SPACE

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. HOWER TO BE THOMAS TAGGERAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

1/5

954 927-023

Daytime Phone #