

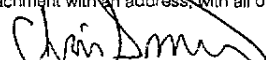


FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000039385 1. Entity Name CUSTOM PRINTING & PROMOTIONS, INC.				Secretary of State	
Principal Place of Business POST OFFICE BOX 13871 TALLAHASSEE, FL 32317		Mailing Address POST OFFICE BOX 13871 TALLAHASSEE, FL 32317			
DO NOT WRITE IN THIS SPACE				01242005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3507581	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, STEPHEN C 3412 GARDENVIEW WAY TALLAHASSEE, FL 32309				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				000000206984 02/01/05-80026-010 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD SMITH, STEPHEN C POST OFFICE BOX 13871 TALLAHASSEE, FL 32317		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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 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: 		Chris Smith		1-26-05 (850) 894-2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	