

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB - 1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051162

1. Entity Name
ROYAL PRESS, INC.



Principal Place of Business
13654 N. 12TH ST., STE. 5
TAMPA, FL 33613-4259

Mailing Address
P.O. BOX 715
LUTZ, FL 33548

*17947 Holly Brook DR
TAMPA, FL 33647*



01102006 No Chg-P CR2E034 (11/05) *07*

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2808040 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HILL, J M
1628 N. DALE MABRY., STE 112
LUTZ, FL 33549

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHIRMOHAMMED, IRADJ 13654 N. 12TH ST., STE. 5 TAMPA, FL 336134259
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02/06/07--01009--021 **150.00

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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: *Iradj Shirmoahammed* Date: *1/26/2007*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR