2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080957

Entity Name: PRICE-LESS INKJET CARTRIDGE COMPANY

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MIAMI TRAIL ARLOTTE, FL	. 33952			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	MIAMI TRAIL ARLOTTE, FL	. 33952			
FEI Number:	: 65-0873419	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
25157 LAH PUNTA GO	IUK, ROMAN IORE LANE ORDA, FL 33				
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (SLIPATCHUK, 25157 LAHOR PUNTA GORD	E LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MARINOV, IAV 674 SAXON B DELTONA, FL	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MARINOV, KO 674 SAXON B DELTONA, FL	LVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WOLOWEC, V 9223 GRACE PHILADELPHI	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WOLOWEC, V 9223 GRACE PHILADELPHI	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROMAN SLIPATCHUK P 04/10/2007