2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P98000094986

Entity Name: STREET GRAPHICS, INC.

Current Principal Place of Business:

131 NE COMMERCIAL CIRCLE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

PO BOX 443
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 59-3543700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR AND TAYLOR
420 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARMER, EDWARD
Address: 463 SE 52ND ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: VP ( ) Delete
Name: WILLIAM, DOUGLAS
Address: 6760 BEDFORD LAKE RD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: VPST ( ) Delete
Name: PARMER, BRIAR
Address: 463 SE 52ND ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WILLIAM, DOUGLAS
Address: PO BOX 443
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAR A PARMER VPST 04/22/2008

Electronic Signature of Signing Officer or Director — Date