-2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # P98000098967 1. Entity Name RUSTIN PRINT GROUP, INC. Principal Place of Business Mailing Address 1394 HARBOR DR 1394 HARBOR DR SARASOTA, FL 34239 SARASOTA, FL 34239 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOLTUN, JEFFREY M DO NOT WRITE 557 N WYMORE ROAD **STE 100** IN THIS SPACE MAITLAND, FL 32751 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITI F RUSTIN, CATHERINE A NAME U000000222**7**2 STREET ADDRESS 1394 HARBOR DR 01/30/04-80038-014 150.00 CITY-ST-ZIP SARASOTA, FL 34239 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

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:

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

SIGNING OFFICER OR DIRECTOR

FILED