FILED
Sep 14, 2005 8:00 am
Secretary of State
07-20-2005 90028 022 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000027550

1. Entity Name
MGI GRAPHICS, INC.

66027331

Principal Place of Business	Mailing Address
6709 114 AVE 3 LARGO, FL 33773	2063 ASHBURY DR. CLEARWATER, FL 34624

07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISTEFANIDIS, MARTHA
2063 ASHBURY DR.
CLEARWATER, FL 34624

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: M Istefanidis Martha Istefanidis 7-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ISTEFANIDIS, MARTHA
STREET ADDRESS	2063 ASHBURY DR.
CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: M Istefanidis 9/12/05 727-547-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #