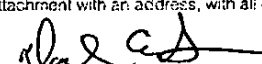


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90089 001 ***150.00

DOCUMENT # P99000059385 1. Entity Name D.E.B. PRINTING & GRAPHICS, INC.			
Principal Place of Business 4746B NE 12TH AVE. FT. LAUDERDALE, FL 33334		Mailing Address 4746B NE 12TH AVE. FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 4010 NE 5th Terr. Suite, Apt. #, etc.		3. Mailing Address 4010 NE 5th Terr. Suite, Apt. #, etc.	
City & State Oakland Park FL Zip 33334		City & State Oakland Park FL Zip 33334	
4. FEI Number 65-0928901		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent EICHNER, DAVID 4746 NE 11TH AVE FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHNER, DAVID 4746 NE 11TH AVE FORT LAUDERDALE, FL 33334	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DAVID EICHNER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/27/2005 Daytime Phone # 9543519886	