

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 14, 2005
Secretary of State**

DOCUMENT# V08886

Entity Name: L & H SILKSCREEN SPECIALTIES, INC.

Current Principal Place of Business:

P.O. BOX 292820
FORT LAUDERDALE, FL 333292820 US

New Principal Place of Business:

1127 S. PATRICK DRIVE
29
SATELLITE BEACH, FL 32937-057 US

Current Mailing Address:

PATRICIA POLLARI
7274 NW 63 WAY
PARKLAND, FL 33067 US

New Mailing Address:

1127 S. PARICK DRIVE
29
SATELLITE BEACH, FL 32937-057 US

FEI Number: 65-0284055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGE, MICHAEL T.
P.O. BOX 292820
FT. LAUDERDALE, FL 333292820 US

Name and Address of New Registered Agent:

PATRICIA POLLARI
7274 NW 63RD WAY
PARKLAND, FL 33067 US

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: PATRICIA POLLARI 06/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HODGE, MICHAEL T
Address: P.O. BOX 292820
City-St-Zip: FT. LAUDERDALE, FL 333292820 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HODGE, MICHAEL T
Address: 517 SHERIDAN AVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL T. HODGE DPST 06/14/2005
Electronic Signature of Signing Officer or Director Date