

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V08886

**FILED  
May 10, 2007  
Secretary of State**

**Entity Name:** L & H SILKSCREEN SPECIALTIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

PATRICIA POLLARI  
7274 NW 63RD WAY  
PARKLAND, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MICHAEL HODGE

P

05/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date