

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V39812

FILED
Aug 07, 2008
Secretary of State**Entity Name:** FULTON GRAPHICS, INC.**Current Principal Place of Business:**2295 LINROSE LANE
MALABAR, FL 32950**New Principal Place of Business:**505 E. NEW HAVEN AVENUE
SUITE C
MELBOURNE, FL 32901**Current Mailing Address:**2295 LINROSE LANE
MALABAR, FL 32950**New Mailing Address:**505 E. NEW HAVEN AVENUE
SUITE C
MELBOURNE, FL 32901**FEI Number:** 59-3127168**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FULTON, DEBRA E.
2295 LINROSE LANE
MALABAR, FL 32950 US**Name and Address of New Registered Agent:**HOBART, SHEILA T
505 EAST NEW HAVEN AVENUE
SUITE C
MELBOURNE, FL 32901 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: SHEILA TERESA HOBART

08/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PVTs () Delete
Name: FULTON, DEBRA E.,
Address: 2295 LINROSE LANE
City-St-Zip: MALABAR, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: VALENTI, FRANK,
Address: 505 E. NEW HAVEN AVE.
City-St-Zip: MELBOURNE, FL 32901

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: FRANK VALENTI

RA

08/07/2008

Electronic Signature of Signing Officer or Director

Date