


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 342015 1. Entity Name KAR PRINTING, INC.	
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Principal Place of Business 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168	Mailing Address 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168
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**DO NOT WRITE IN THIS SPACE**



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1298858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, SCOTT  
13930 NW 60TH AVE  
MIAMI LAKES, FL 33014

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MCCLOSKEY, THOMAS
STREET ADDRESS	13930 NW 60 AVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	CPS
NAME	LEVY, SIDNEY
STREET ADDRESS	13930 NW 60TH AVE
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	V
NAME	LEVY, SCOTT
STREET ADDRESS	13930 NW 60 AVE
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000569336  
07/11/06-80021-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Thomas McCloskey 07/06/06 678-303-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #