2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 17, 2006 8:00 am Secretary of State

4/13/06 407-481-4449
Daytime Prome #

DOCUMENT # P05000164178 1. Entity Name COPYPEX, INC.								04-1/-2000	5 90349	014 ***1:	58./5
Principal Place of Business				Mailing Address			7				
37 N. ORANGE AVENUE			P	P.O. 80X 1973							
SUITE 300			0	ORLANDO, FL 32802-1973							
orlando, fi	_ 32801-2	439			•	1 (18.8) (18.8)	n Seish Siid Sein Seil Seil	EN 11512 SILIT SI	ARI HAN ISERI IRI	6 B) (1 (66)	
Principal Place of Business 3. Mailing Address											
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			04042006	Chg-P	CR2E	034 (11/05)	
City & State				City & State			4. FEI Numb	oer		I IAn	olied For
						4. FEI Numb 20-39	93466			Applicable	
Zip	Country			Zip Cour		try 5. Certificate of Status		of Status Desired	Ø	\$8.75 Addi	
<u> </u>	6. Name] a and Address of Ci	urrent Regis	tered Agent	<u> </u>		7. Name and	d Address of New R	/ lealstered	· · · · · · · · · · · · · · · · · · ·	1
						Name					
INGRAM, J. CHARLES						Street Address (P.O. Box Number is Not Acceptable)					
37 N. ORANGE AVENUE SUITE 300							(1.0.000.110///	- TOT NO OOD TOO	-,		
ORLANDO, FL 32801-2439											
						City			FL	Zip Code)
8. The above	named enti	ty submits this stater	ment for the p	ourpose of changing it	s register	ed office or registe	red agent, or bo	oth, in the State of Flo		- 1	and accept
 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) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees											
10.							ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	IN 11
TITLE	D ESTES S	SCOTT W		Defete TITLE		-				Change	☐ Addition
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CITY-ST-ZIP					Y-ST-ZIP					i	
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NAME	}				NAM	i					
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tmle				☐ Delete	LE .				Change	☐ Addition	
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NAME				☐ Delete	TITI NAI	"				☐ Change	Addition
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CITY-ST-ZIP					CIT	Y-ST-ZIP					
12. I hereby indicated of the co	certify that to don this rep rporation or	he information suppl ort or supplemental the receiver or truste	ied with this report is true se empowere	filing does not qualify and accurate and tha ed to execute this repo	for the eat t my sign ort as requ	xemptions containe ature shall have the uired by Chapter 60	ed in Chapter 1 same legal eff 07, Florida Statu	19, Florida Statutes. ect as if made under ites; and that my nan	I further ce oath; that ne appears	rtify that the in I am an officer in Block 10 o	nformation or director r Block 11 if
		recument with au sc	AA	all other like empowere				4/13/06	1600	1151	aula
SIGNAT	IUKE:		XUV	U (/<>>				1113104	701	<u>-701-9</u>	7/7/