2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# S13600

Entity Name: GRAPHIC SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

571 SE 11TH ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

750 N OCEAN BLVD
1707
POMPANO BEACH, FL 33062 US

Current Mailing Address:

571 SE 11TH ST
POMPANO BEACH, FL 33060

New Mailing Address:

750 N OCEAN BLVD
1707
POMPANO BEACH, FL 33062 US

FEI Number: 65-0267347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAIN, WALLACE T
571 SE 11TH ST
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

BRAIN, WALLACE T
750 N OCEAN BLVD
1707
POMPANO BEACH, FL 33062 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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: BRAIN, WALLACE T
Address: 571 SE 11TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: SECT ( ) Delete
Name: BRAIN, JANET A
Address: 571 SE 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: BRAIN, WALLACE T
Address: 750 N OCEAN BLVD #1707
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: SECT (X) Change ( ) Addition
Name: BRAIN, JANET A
Address: 750 N OCEAN BLVD #1707
City-St-Zip: POMPANO BEACH, FL 33062 US

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: WALLACE T BRAIN PS 04/23/2009
Electronic Signature of Signing Officer or Director — Date