


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000007196	
1. Entity Name AMERICAN PRINTING HOUSE FOR THE BLIND, INC.	

Principal Place of Business 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	Mailing Address 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 61-0444640	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROZIER, CHARLES E 12 COCONUT CT. PALM COAST, FL 32137	DO NOT WRITE IN THIS SPACE
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 <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000885862 04/18/08-80031-006 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LITNER, W. JAMES JR. 2904 EASTPOINT KWAY LOUISVILLE, KY 40232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DABNEY, MR. GORDON S 402 S. FOURTH STREET, SUITE 1101 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TINSLEY, TUCK III 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEFE, DONALD J 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEAVIN, WILLIAM G 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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: <u>Tuck Tinsley III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/2/08 Date	(502) 895-2405 Daytime Phone #
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