

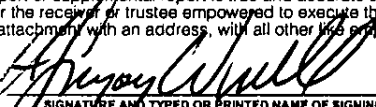


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 667523</b> 1. Entity Name <b>EXPRESS PRESS, INC.</b>			
Principal Place of Business <b>1313 N HOWARD AVE TAMPA, FL 33607</b>		Mailing Address <b>1313 N HOWARD AVE 1313 N. HOWARD AVE TAMPA, FL 33607</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 04092008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>59-1994023</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WINCHELL, HAL G 1313 N HOWARD AVE TAMPA, FL 33607</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		U00000938391 05/27/08-80089-006 158.75	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	DVP	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	HARRISON, THOMAS A.		
STREET ADDRESS	1313 N. HOWARD AVE		
CITY-ST-ZIP	TAMPA, FL 33607		
TITLE	P		
NAME	WINCHELL, H. GREGORY		
STREET ADDRESS	1313 N. HOWARD AVE		
CITY-ST-ZIP	TAMPA, FL		
TITLE	DVP		
NAME	BACKHAUS, STEPHEN		
STREET ADDRESS	1313 N. HOWARD AVE		
CITY-ST-ZIP	TAMPA, FL 33607		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		Date <b>4/28/08</b> Daytime Phone <b>813 884-3310</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		H. Gregory Winchell	