## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 23, 2006 8:00 am Secretary of State 02-23-2006 90010 038 \*\*\*150.00

| Principal Place of Business   2018 AVENUE  | DOCUMENT # F02000001528  1. Entity Name NETWORK PRINTING SOLUTIONS, INC.  |   |                                       |              |  |                               | 02-23-2006                          | 90010 038 ***              | 150.00   |  |
|--|---|---|---------------------------------------|--------------|--|-------------------------------|-------------------------------------|----------------------------|--|--|
| Suito, Apt. #, etc.    Suito, Apt. #, etc.   Suito, Apt. #, etc.   O2142006   ChgP   CR2E034 (11/05)   Cliy & State   A. FEI Number   A. FEI   | 2203 NORTH LOIS AVENUE<br>SUITE # 923   |   | 2203 NORTH LOIS AVENUE<br>SUITE # 923 |              |  |                               | <br>••••••••••••••••••••••••••••••• |                            | 11   <b>[</b> [1]   <b>1</b>   1   1   1   1   1   1   1   1   1 |  |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   A. FEI Number 74-3028781   Applied for Not Applicable   S8.75 Additional research   Respective   S8.75 Additional research   Respective   Respective   S8.75 Additional research   Respective   Re   | Principal Place of Business     3.  |   | 3. Mailing Address                    |              |  |                               |                                     |                            |  |  |
| Zip Country Zip Country S. Continue of Status Desired   \$8.75 Additional ree Required   \$8.75 | Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                   |              | 02142006   | Chg-P                         | CR2E034 (11/0                       | 5)                         |  |  |
| S. Cerincize of Status Desired   Fee Required   Fee   | City & State  |   | City & State                          |              |  |                               |                                     |                            |  |  |
| REESE, JEFF 3822 HANOVER HILL DRIVE VALRICO, FL 33594  City FL Zip Code  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, prince or product have of registered open.  SIGNATURE  Signature, prince or product have of registered open.  OFFICERS AND DIRECTORS  9. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIE NAME REESE, JEFF ROWIT FEE IS \$150,000  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIE NAME SIRET ADDRESS CITY-S1-2P  INIE NAME DRYSDALE, PETER Delete NAME SIRET ADDRESS CITY-S1-2P  INIE NAME  | Zip   | Country   | ip Countr                             |              | try  | 5. Certificate                | of Status Desired                   |                            |  |  |
| Street And Cress (P.O. Box Number is Not Acceptable)  Street And Cress (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent and the facebase.  PILE NOWILL FEE IS \$150,00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  TITLE NOWILL FEE IS \$150,00  OFFICERS AND DIRECTORS IN 11  INC.  MAKE SITER JORESS CITY-51-2P  TITLE  MAKE SI  |   | 6. Name and Address of Current Regi             | stered Agent                          |              | · - · <del>- · - · - · · · · · · · · · · · ·</del> | 7. Name and                   | Address of New R                    | tegistered Agent           | - · · · · · · · · · · · · · · · · · · ·                          |  |
| Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code   |   |   |                                       |              | Name   |                               |                                     |                            |  |  |
| E. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the follows a familiar visit of the familiar with, and accept the familiar visit of familiar visi   | 3822 HANOVER HILL DRIVE   |   |                                       |              | Street Address (P.O. Box Number is Not Acceptable) |                               |                                     |                            |  |  |
| B. 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 itself applicates.  (MOTE: Registered Agent superative required when revisition)  DATE  FILE NOWIL FEE IS \$150,00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE  NAME SIREE ADDRESS  CITY-S1-27P  TAMPA, FL 33607  Debte  TITLE  PS  ORYSSALE, PETER  Debte  TITLE  NAME SIREE ADDRESS  CITY-S1-27P  TITLE  NAME SIREE ADDRESS  CITY-S1-27P  TITLE  Debte  TITLE  Debte  TITLE  NAME SIREE ADDRESS  CITY-S1-27P  TITLE  Debte  Debte  TITLE  Debte  Debte  TITLE  Debte  Debte  TITLE  Debte  Debte  Debte  Debte  TITLE  Debte  Debte  Debte  D  | ,   |   |                                       |              |  |                               |                                     |                            |  |  |
| TILE NOWIL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees Added  |   |   |                                       |              | City   | FL Zip Code                   |                                     |                            |  |  |
| FILE NOWIII FEE IS \$150,00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  IIILE NAME REESE, JEFF REESE   | the obligations of registered agent.  SIGNATURE   |   |                                       |              |  |                               |                                     |                            |  |  |
| After May 1, 2006 Fee will be \$50.00  Trust Fund Contribution.  | signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |   |                                       |              |  |                               |                                     |                            |  |  |
| TITLE  | FILE NOTHIN FEE 13 3130.40  |   |                                       |              |  | 55.00 May Be<br>added to Fees |                                     | ••                         |  |  |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP  | 10.   | OFFICERS AND DIRE                               | CTORS                                 | 11.          |  | ADDITIONS/0                   | CHANGES TO OFF                      | ICERS AND DIRECT           | ORS IN 11  |  |
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| CITY-S1-ZIP  TAMPA, FL 33607  CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  | -   | 1   |                                       |              |  |                               |                                     |                            |  |  |
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|  |   |   |                                       | 1            |  |                               |                                     | •                          |  |  |
|  |   | certify that the information supplies with this | filing does not qualify for           |              |  | and in Chapter 110            | Florida Statuta- 1                  | further continues that the | a 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 of 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.