

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004325

FILED
Mar 13, 2008
Secretary of State

Entity Name: CHECKPOINT MAILERS, INCORPORATED

Current Principal Place of Business:

860 SALISBURY ST. STE. D, TOP FLOOR
KERNERSVILLE, NC 27284

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 389
KERNERSVILLE, NC 272850389

New Mailing Address:

FEI Number: 45-0502173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEMPEST, LISA
11120 SUNUP LANE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LOWRY, HEATHER C
Address: 15723 BERRYFIELD ST.
City-St-Zip: HUNTERSVILLE, NC 28078

Title: VST () Delete
Name: ANDERSON, SHERRY L
Address: 677 DOE RUN DR.
City-St-Zip: KERNERSVILLE, NC 27284

Title: D () Delete
Name: ANDERSON, JUDITH C
Address: 10861 LA SALINAS CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: ROSCHE, TERRY
Address: 4 DAVID DR.
City-St-Zip: ROYERSFORD, PA 19468

Title: D () Delete
Name: SPEAR, DEBORAH K
Address: 7060 HWY 94
City-St-Zip: COLUMBIA, NC 27925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, JUDITH C
Address: 11415 GOVENORS DR.
City-St-Zip: CHAPEL HILL, NC 27517

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRY L ANDERSON

VP

03/13/2008

Electronic Signature of Signing Officer or Director

Date