2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# G27377

Entity Name: MACGREGOR SMITH BLUEPRINTER, INC.

Current Principal Place of Business:

% ALEXANDER P. SMITH
1500 SO. DIVISION AVE.
ORLANDO, FL 32805

New Principal Place of Business:

% ALEXANDER P. SMITH
1500 S. DIVISION AVE.
ORLANDO, FL 32805

Current Mailing Address:

% ALEXANDER P. SMITH
1500 SO. DIVISION AVE.
ORLANDO, FL 32805

New Mailing Address:

% ALEXANDER P. SMITH
1500 S. DIVISION AVE.
ORLANDO, FL 32805

FEI Number: 59-2270187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ALEXANDER P
1500 SO DIVISION AVE.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

SMITH, ALEXANDER P
1500 S. DIVISION AVE.
ORLANDO, FL 32805 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: 03/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, ALEXANDER P.,
Address: 1710 FULMER RD
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete
Name: SMITH, THOMAS M. JR,
Address: 4090 WINTERWOOD CT
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, ALEXANDER P PRES
Address: 1710 FULMER RD
City-St-Zip: ORLANDO, FL

Title: V (X) Change ( ) Addition
Name: SMITH, THOMAS M VP
Address: 4090 WINTERWOOD CT
City-St-Zip: ORLANDO, FL

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: THOMAS M SMITH VP 03/12/2009
Electronic Signature of Signing Officer or Director — Date