2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# G39252

Entity Name: FLINT INK LATIN AMERICA CORPORATION

Current Principal Place of Business:

14909 N. BECK ROAD
PLYMOUTH, MI 481702411 US

New Principal Place of Business:

Current Mailing Address:

14909 N. BECK ROAD
PLYMOUTH, MI 481702411 US

New Mailing Address:

FEI Number: 59-2299628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: RENDIC, JERKO E
Address: 9100 S DADELAND BLVD.
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete
Name: MICHAEL J. GANNON,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

Title: T ( ) Delete
Name: MICHELLE A. DOMAS,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

Title: S ( ) Delete
Name: LAWRENCE E. KING,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

Title: D (X) Delete
Name: LEONARD D. FRESCOLN,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: MILLER, WILLIAM B
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48176 24

Title: P (X) Change ( ) Addition
Name: LABBE-BLEGER, CLAUDIO
Address: 9100 S DADELAND BLVD, STE 1800
City-St-Zip: MIAMI, FL 33156

Title: VPT (X) Change ( ) Addition
Name: MICHELLE A. DOMAS,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

Title: VPS (X) Change ( ) Addition
Name: LAWRENCE E. KING,
Address: 14909 N. BECK ROAD
City-St-Zip: PLYMOUTH, MI 48170

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: MICHELLE A DOMAS VPT 04/28/2008

Electronic Signature of Signing Officer or Director — Date