


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H10626</b> 1. Entity Name <b>ADVANCED PRINTING SOLUTIONS, INC.</b>	
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Principal Place of Business <b>2174-B S RIDGEWOOD AVE S. DAYTONA, FL 32119</b>	Mailing Address <b>P.O. BOX 291116 PORT ORANGE, FL 32129</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2422508</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WILLIAMS, WARREN C., JR. 825 WOODDUSK DRIVE PORT ORANGE, FL 32127</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WARREN C. 825 WOODDUSK DRIVE PORT ORANGE, FL 32127
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U00000497853  
04/22/06-80072-003 150.00

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <i>Cindy L. Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>OFFICE MANAGER</b> <i>Cindy L. Harris</i>	<b>4/5/06</b> <small>Date</small>	<b>386 756 1116</b> <small>Daytime Phone #</small>
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