2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 16, 2007 8:00 am Secretary of State DOCUMENT # K99114 01-16-2007 90202 026 ***150.00 AAA INSERTERS AND MAILING MACHINES, INC. Principal Place of Business Mailing Address 3761 CYPRESS LAKE DR 3761 CYPRESS LAKE DR 60000801 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 01112007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0129105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIUS, STEPHEN 3761 CYPRESS LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33467 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete THILE VP NAOMI GIUS 3761 CYPILGS Lake Dr GIUS, STEPHEN NAME NAME 3761 CYPRESS LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE YP Delete TITLE Change Addition GIUS, NAOMI 3761 Cypress LK Dr NAME STREET ADDRESS STREET ADDRESS Lake wonth FL 33467 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

FILED