2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016991

Entity Name: ADVANCED PRINTING SOLUTIONS, LLC

FILED Jan 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1819 BAYVIEW DRIVE 1819 BAYVIEW DRIVE

NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

PO BOX 1060

NEW SMYRNA BEACH, FL 32170

FEI Number: 20-8464275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.

CREWS, T. RANDOLPH

1840 SW 22ND ST.

1819 BAYVIEW DRIVE

4TH FLOOR NEW SMYRNA BEACH, FL 32168 US MIAMI, FL 33145 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.

ADDITIONS/CHANGES:

(X) Change () Addition

SIGNATURE: T RANDOLPH CREWS 01/23/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

itle: MGR () Delete Title:

Name: CREWS, T. RANDOLPH
Address: 1819 BAYVIEW DRIVE
Address: 1819 BAYVIEW DRIVE

Name: CREWS, T. RANDOLPH
Address: 1819 BAYVIEW DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CREWS, SHIRLEY A Name: CREWS, SHIRLEY A

Address: 1819 BAYVIEW DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32170
Address: 1819 BAYVIEW DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete Title: S (X) Change () Addition

 Name:
 CREWS, T. RANDOLPH
 Name:
 CREWS, T. RANDOLPH

 Address:
 1819 BAYVIEW DRIVE
 Address:
 1819 BAYVIEW DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Name: CREWS, SHIRLEY Name: CREWS, SHIRLEY

Address: 1819 BAYVIEW DRIVE Address: 1819 BAYVIEW DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32170 City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: T RANDOLPH CREWS MGR 01/23/2008