2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

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Entity Name: HANDISTRIPE LLC

Current Principal Place of Business:

611 S.E. 9TH AVENUE, #10
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

611 S.E. 9TH AVENUE, #10
OCALA, FL 34471

New Mailing Address:

FEI Number: 45-3622819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANKS, JACQUELINE P
611 S.E. 9TH AVENUE, #10
OCALA, FL 34471 US

Name and Address of New Registered Agent:

THOMPSON, JOHN E
611 S.E. 9TH AVENUE, #10
OCALA, FL 34471 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: JOHN E. THOMPSON 04/26/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: THOMPSON, JOHN E
Address: 611 S.E. 9TH AVENUE, #10
City-St-Zip: OCALA, FL 34471

I hereby 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 Statues.

SIGNATURE: JOHN E. THOMPSON MR. 04/26/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date