2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000030263 1. Entity Name PRINTINGANDIMAGINGSOLUTIONS.COM, INC. 05-14-2001 90074 015 ***150.00 Principal Place of Business Mailing Address 3850 ALOMA AVE., STE.4 3850 ALOMA AVE., STE.4 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 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 MCNAIR, CRAIG D MR. Street Address (P.O. Box Number is Not Acceptable) 1250 S. U.S. HWY.17-92,STE.250 MCNAIR AND ASSOCIATES, P.A. LONGWOOD FL 32750 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Addition ☐ Change TITLE ☐ Delete CAREY M. WYLER NAME NAME 1217 WAVERLY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP ☐ Delete TITLE Change ✓ Addition TITLE KATHLEEN M. WYLER NAME NAME 1217 WAVELLY WAY STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP Change Addition-TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

KAthlesn M. Wyler 4/30/01 (407) 872-0036

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SIGNATURE: