


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State


04-19-2007 90414 048 ***150.00

DOCUMENT # P01000017496	
1. Entity Name MARION REPROGRAPHICS, INC.	

Principal Place of Business 304-A SW BROADWAY OCALA, FL 34474	Mailing Address 3239 SW 47TH AVE STE 300 GAINESVILLE, FL 32608
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5005 W. Laurel St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 216
City & State	City & State Tampa, FL
Zip	Zip 33607
Country	Country Hillsborough

4000 -



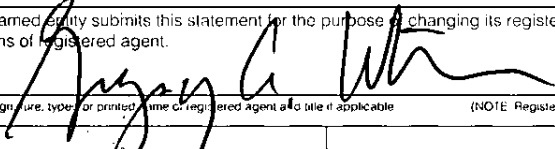
03292007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3700002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEEKS, DAVID W III 3239 SW 47TH AVE STE 300 GAINESVILLE, FL 32608	
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7. Name and Address of New Registered Agent	
Name Greg Williams	
Street Address (P.O. Box Number is Not Acceptable) 5005 W. Laurel St	
Suite, Apt. #, etc. Ste 216	
City Tampa	FL Zip Code 33607

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.

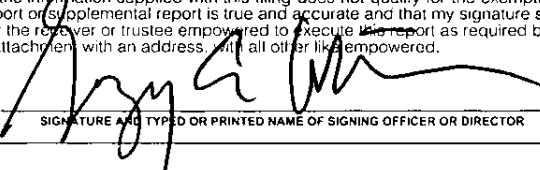
SIGNATURE:  DATE: _____

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MEEKS, DAVID W III		NAME	
STREET ADDRESS 3239 SW 47 AVE, STE 300		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32608		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WILLIAMS, GREGORY		NAME	
STREET ADDRESS 5005 W LAUREL ST, STE 216		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33607		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MARTHA, KORMAN		NAME	
STREET ADDRESS 5005 W LAUREL ST, STE 216		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33607		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE:  DATE: **4/11/07** DAYTIME PHONE #: **813-286-8520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR