2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 02, 2005 8:00 am Secretary of State **DOCUMENT # P01000054144** 1. Entity Name 09-02-2005 90012 032 ***150.00 ADVANCED COPIERS AND MACHINES, INC. Principal Place of Business Mailing Address 934 CLINT MOORE RD. 934 CLINT MOORE RD. 50064569 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1111436 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 SIEGEL, BARRY Street Address (P.O. Box Number is Not Acceptable) 936 CLINT MOORE RD. BOCA RATON, FL 33487 Zip Code 8. The above named entity submits the statement for the purp 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 a 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(1), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the pror notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Addition SIEGEL, SCOTT NAME MASSE 2907 Clim+ Hobre Rd. , 5.319 STREET ADDRESS 11126 DELTA CIRCLE STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL. 33496 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADVIRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CETY-ST-7IP 12. 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 if 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 ampowered. SIGNATURE: PRINTED NAME

FILED