2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P01000067732

Entity Name: X-PRESS AMERICA, INC.

Current Principal Place of Business:

% 8510 WOODDRIFT DR.
TAMPA, FL 33615

New Principal Place of Business:

34 SPRINGWOOD.
IRVINE, CA 92604

Current Mailing Address:

% 8510 WOODDRIFT DR.
TAMPA, FL 33615

New Mailing Address:

34 SPRINGWOOD
IRVINE, CA 92604

FEI Number: 59-3730536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDMUNDS, DENISE
8510 WOODDRIFT DR.
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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: DENISE EDMUNDS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDMUNDS, DENISE
Address: 8510 WOODDRIFT DR.
City-St-Zip: TAMPA, FL 33615

Title: PD ( ) Delete
Name: THOMSEN, BRUCE E
Address: 4000 BARRANCA PKWY, # 250
City-St-Zip: IRVINE, CA 92604

Title: SD ( ) Delete
Name: FERRELL, ELIZABETH A MS
Address: 4000 BARRANCA PARKWAY #250
City-St-Zip: IRVINE,, CA 92604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE E. THOMSEN PD 02/25/2008

Electronic Signature of Signing Officer or Director — Date