

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102934

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: REPROGRAPHIC SOLUTIONS, INC.

**Current Principal Place of Business:**

818 SW GLENVIEW CT  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

818 SW GLENVIEW CT  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 59-3750636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMAIO, BRIDGET  
753 SW MUNJACK CIRCLE  
PORT SAINT LUCIE, FL 34986 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: \_\_\_\_\_

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: PVST ( ) Delete  
Name: DEMAYO, BRIDGET  
Address: 718 SW PORT ST LUCIE BLVD SUITE 8  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: DEMAYO, BRIDGET  
Address: 818 SW GLENVIEW COURT  
City-St-Zip: PORT ST LUCIE, FL 34953

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: BRIDGET DEMAYO

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date