2008 FOR PROFIT CORPORATION

FILED Apr 07, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000040978** COPIERS PLUS +, INC. Principal Place of Business Mailing Address 710 COMMERCE DR 710 COMMERCE DR # 105 # 105 VENICE, FL 34292 VENICE, FL 34292 04022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0479040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARQUARDT, SCOTT DO NOT WRITE 710 COMMERCE DR # 105 IN THIS SPACE VENICE, FL 34292 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME MARQUARDT, SCOTT STREET ADDRESS 710 COMMERCE DR # 105 U00000882745 04/16/08-80052-014 150.00 CITY-ST-ZIP VENICE, FL 34292 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 repositor for 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 expowered.

112/10

NAME STREET ADDRESS CITY-ST-ZIP