## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000123409

Entity Name: MPRESS PRINTING, INC.

240 POWER CT. SUITE 132

SANFORD, FL 32771

Address: City-St-Zip: FILED Mar 24, 2009 Secretary of State

Littly Na	IIIC. WIFKE	33 FRIINTING, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	SHINE LANE ITE SPRING	SS, FL 32714	240 POWER CT SUITE 124 SANFORD, FL 32771		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	SHINE LANE ITE SPRING	SS, FL 32714	240 POWER CT SUITE 124 SANFORD, FL 32771		
FEI Number	: 34-1987465	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
557 NORT MAITLAND	D, FL 32751	E ROAD, SUITE 100 US	purpose of changing its registered o	office or registered agent, or both,	
SIGNATUI					
01011/1101		ronic Signature of Registered Ag	ent	 Date	
Election Ca	mpaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPST SCHENCK, I 5229 VISTA SANFORD, I		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D SCHENCK, 5229 VISTA SANFORD,	CLUB RUN	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D SCHENCK,	()Delete JASON P	Title: ( Name:	) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JASON P. SCHENCK D 03/24/2009