2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000922

Entity Name: MPRESS-XPRESSIONS, INC.

FILED May 27, 2009 Secretary of State

Littly Nai	IIIe. WIFKESS	-XFRESSIONS, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
325 E. UN NO # 124	IVERSITY BLV	D				
	RNE, FL 32901					
Current Mailing Address:				New Mailing Address:		
623 DROMEDARY COURT SUITE #100 KISSIMMEE, FL 34759				325 E. UNIVERSITY BLVD NO # 124 MELBOURNE, FL 32901		
FEI Number:	: 20-0555349	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
325 E. UŃ NO# 124 MELBOUF The above	WILLIAM III IVERSITY BLV RNE, FL 32901 Inamed entity selection	US	purpose o	f changing its register	ed office or registered agent, or both,	
SIGNATU						
Electronic Signature of Registered Agent					Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive t	•		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COLLINS, WÌLĹ	STY BLVD , NO# 124		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAY, RANDAL Á	SITY BLVD, NO#124		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: WILLIAM COLLINS III O 05/27/2009