2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# P05000077565

Entity Name: J. & J. INTERNATIONAL PRINTERS, INC.

Current Principal Place of Business:

% 240 POWER CT., SUITE 132
SANFORD, FL 32771

New Principal Place of Business:

240 POWER CT
SUITE 132
SANFORD, FL 32771

Current Mailing Address:

% 240 POWER CT., SUITE 132
SANFORD, FL 32771

New Mailing Address:

240 POWER CT
SUITE 132
SANFORD, FL 32771

FEI Number: 22-3914246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHENCK, HAROLD J DPST
5229 VISTA CLUB RUN
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SCHENCK, III, H. JAMES
Address: 5229 VISTA CLUB RUN
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: PALMER SCHENCK, KAREN
Address: 240 POWER CT, SUITE 132
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: PALMER SCHENCK, JASON
Address: 240 POWER CT, SUITE 132
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: PALMER SCHENCK, KAREN
Address: 240 POWER CT, SUITE 132
City-St-Zip: SANFORD, FL 32771

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: JASON P SCHENCK D 03/28/2008

Electronic Signature of Signing Officer or Director — Date