2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 19, 2007 8:00 am
Secretary of State

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DOCUMENT # P05000116662

1. Entity Name
FINGERPRINTS, INC.

Principal Place of Business	Mailing Address
5701 NE 16 AVE FT LAUDERDALE, FL 33334	5701 NE 16 AVE FT LAUDERDALE, FL 33334

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1055 NE 43 Street	5701 NE 16 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Ft. Lauderdale, FL
Zip: 33334 / Country:	Zip: 33334 / Country:

4. FEI Number: 41-2183462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, MATTHEW D
1731 NE 59 CT
FT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name: Eric Aumann
Street Address (P.O. Box Number is Not Acceptable): 5701 NE 16 Ave.
City: Ft. Lauderdale FL Zip Code: 33334

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: X Matthew D. Rowe — 3/15/07
(Signature, typed or printed name of registered agent and title if applicable) (Signature of New Registered Agent if applicable) (Date)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip		
PS AUMANN, ERIC 5701 NE 16 AVE FT LAUDERDALE, FL 33334	☐ Delete	
VS ROWE, MATTHEW D 5701 NE 16 AVE FT LAUDERDALE, FL 33334	☑ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip		
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition

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 receiver or 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 empowered.

SIGNATURE: X Matthew D. Rowe — 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #