Apr. 24. 2007 2:57PM HAROLD M LIGHTMAN MBA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90844 028 ***150.00

DOCUMENT # P06000085647

1. Entity Name
DIGITAL COPIER CONNECTION INC

40093397

04242007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6250 NORTH MILITARY TRAIL SUITE 101 WEST PALM BEACH, FL 33407 US	6250 NORTH MILITARY TRAIL SUITE 101 WEST PALM BEACH, FL 33407 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4500 Belvedere Road	4500 Belvedere Rd
Suite, Apt. #, etc.: Suite G	Suite, Apt. #, etc.: Suite G
City & State: WPB, Fl	City & State: WPB, Fl
Zip: 33415 Country: USA	Zip: 33415 Country: USA

4. FEI Number 205101989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, PAUL
1046 RAINTREE DRIVE
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name: Paul Rogers
Street Address (P.O. Box Number is Not Acceptable): 1046 Rain Tree Drive
City: Palm Beach Gardens FL Zip Code: 33410

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: Kristin Rogers Office Manager
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROGERS, PAUL 1046 RAINTREE DRIVE PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PALACHE, MICHAEL C 331 N WARE DRIVE WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHEN-ROGERS, TERESITA 1046 RAINTREE DRIVE PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, HOLLY 637 CASHIERS DRIVE WEST PALM BEACH, FL 33413	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Kristin Rogers Office Manager Kristin Rogers 4/26/07