

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90045 013 \*\*\*150.00

<b>DOCUMENT # P07000055365</b>					
<b>1. Entity Name</b> TRADEMARK PRESS SOLUTIONS, INC.					
<b>Principal Place of Business</b> 1500 EDENHALL POINT HEATHROW, FL 32746    US			<b>Mailing Address</b> 1500 EDENHALL POINT HEATHROW, FL 32746    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 134 BAYWOOD AVE		<b>3. Mailing Address</b> P.O. Box 521929			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LONGWOOD, FL		<b>City &amp; State</b> LONGWOOD, FL		<b>4. FEI Number</b> 26-0141451	
<b>Zip</b> 32750		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DOLLAR, ROGER 1500 EDENHALL POINT HEATHROW, FL 32746		<b>7. Name and Address of New Registered Agent</b> Name: <u>ROGER POLLAR</u> Street Address (P.O. Box Number is Not Acceptable): <u>134 BAYWOOD AVE</u> City: <u>LONGWOOD</u> <b>FL</b> Zip Code: <u>32750</u>			
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>1/10/08</u> <small>Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D DOLLAR, REBECCA 1500 EDENHALL POINT HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D DOLLAR, REBECCA 134 BAYWOOD AVE LONGWOOD, FL 32750
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,D DOLLAR, ROGER 1500 EDENHALL POINT HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D DOLLAR, ROGER 134 BAYWOOD AVE. LONGWOOD, FL 32750
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	   
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>- Roger Dollar</u> <u>1/10/08</u> <u>407-339-5832</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    (Date)    Daytime Phone #</small>					