2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: 2007 COPIER CLINIC, INC.

Current Principal Place of Business:

1721 HIDDENWOOD COURT
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1721 HIDDENWOOD COURT
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-3137259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINLER, JAMES E JR
1721 HIDDENWOOD COURT
APOPKA, FL 32712 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

OFFICERS AND DIRECTORS:

Title: P
Name: KINLER, JAMES E JR
Address: 1721 HIDDENWOOD COURT
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: KINLER, DEBRA A
Address: 1721 HIDDENWOOD COURT
City-St-Zip: APOPKA, FL 32712

Title: S
Name: KINLER, DEBRA A
Address: 1721 HIDDENWOOD COURT
City-St-Zip: APOPKA, FL 32712

Title: T
Name: KINLER, JAMES E JR
Address: 1721 HIDDENWOOD COURT
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: JAMES E KINLER JR P 04/29/2011

Electronic Signature of Signing Officer or Director — Date