

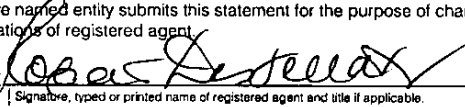
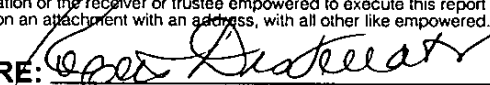


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90403 027 ***150.00

DOCUMENT # P92000008256 1. Entity Name CORPORATE PRINTING SERVICES, INC.																													
Principal Place of Business 13288 SW 114 TERRACE MIAMI, FL 33186 US			Mailing Address P. O. BOX 526900 MIAMI, FL 33152-6900 US																										
2. Principal Place of Business 7328 SW 48 ST Suite, Apt. #, etc.		3. Mailing Address 7328 SW 48 ST Suite, Apt. #, etc.																											
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0372789																									
Zip 33155		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DISTILLATOR, ROBERT 13288 SW 114 TERR MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7328 SW 48 ST City MIAMI State FL Zip Code 33155																									
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:  DATE: 4/21/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DPS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DISTILLATOR, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13288 SW 114 TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>			TITLE	DPS	<input type="checkbox"/> Delete	NAME	DISTILLATOR, ROBERT		STREET ADDRESS	13288 SW 114 TERR		CITY-ST-ZIP	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">7328 SW 48 ST</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI, FL 33155</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	7328 SW 48 ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI, FL 33155		STREET ADDRESS			CITY-ST-ZIP		
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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:  ROBERT DISTILLATOR DATE: 4/21/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													