2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P97000023384** 04-17-2006 90413 045 ***150.00 COST CUTTERS COPIER SERVICE, INC. Principal Place of Business Mailing Address 50012880 5651 COMMERCE DR. 5651 COMMERCE DR. STE 6 STE 6 ORLANDO, FL 32839 ORLANDO, FL 32839 3. Mailing Address 2. Principal Place of Business 6805 6805 Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For Hlorida 59-3443152 Not Applicable -locida \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name romez GOMEZ, ED Street Address (P.O. Box Number is Not Acceptable) 4324 WALBRIDGE ST. ORLANDO, FL 32809 Orange NR Zip Code 368 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD ☐ Addition TITLE ☐ Delete TITLE PSD Gromez, Ed 6805 S. Orange Ave. NAME GOMEZ, ED NAME 4324 WALBRIDGE ST. STREET ADDRESS STREET ADDRESS Orlando, FL CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-ZIP VTD Change Addition TITLE ☐ Delete TITLE DTY Gomez. Maela GOMEZ, MAELA NAME NAME 6805 S. Orange Aue. STREET ADDRESS 4324 WALBRIDGE ST. STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP 3180° CITY-ST-ZIP Orlando. ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 my an address with all other like empowered. changed, or on an attachment with an addre

KING OFFICER OR DIRECTOR

4-12-06

FILED