2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069900

Entity Name: QUAD SYSTEMS, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

400 GOLF BROOK CIR 607 ST. ANDREWS DRIVE SUITE 104 SARASOTA, FL 34243 LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

400 GOLF BROOK CIR 607 ST. ANDREWS DRIVE SUITE 104 SARASOTA, FL 34243 LONGWOOD, FL 32779

FEI Number: 59-3468191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, MICHELLE ROBINSON, MICHELLE 400 GOLF BROOK CIR 607 ST. ANDREWS DRIVE SUITE 104 SARASOTA, FL 34243 LONGWOOD, FL 32779 US

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: 04/24/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete SLIDER, ROBERT SLIDER, ROBERT Name: Name: 400 GOLF BROOK CIR., #104 607 ST. ANDREWS DRIVE Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: SARASOTA, FL 34243

Title: Title: (X) Change () Addition () Delete Name: Name: ROBINSON, MICHELLE

ROBINSON, MICHELLE 400 GOLF BROOK CIR., #104 607 ST. ANDREWS DRIVE Address: Address: LONGWOOD, FL 32779 SARASOTA, FL 34243 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: ROBINSON, STEFANIE Name: 607 ST. ANDREWS DRIVE Address Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE ROBINSON ST 04/24/2006