2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90419 034 ***150 00 DOCUMENT # P98000102052 1. Entity Name DOCUMENT PRODUCTION CENTER, INC. 4111183221 Principal Place of Business Mailing Address 5516 COMMERCE DR 135 W. CENTRAL BLVD. ORLANDO, FL 32839 **SUITE 730** ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7803 Southland Blod Southland Blu 04192007 Chg-P CR2E034 (12/06) Applied For 4. FEL Number 59-3547348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, BRANNON W 142 WINGHURST BLVD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32828 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 11 10. 11 TITLE Delete TITLE Change ☐ Addition NAME WRIGHT, BRANNON W NAME Wright, Brannon WP STREET ADDRESS 142 WINGHURST BLVD STREET ADDRESS 368 Hammock Dunes Place CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP Orlando, FL 32828 TITLE Addition ☐ Delete 🗀 Change TITLE NAME KUYKENDALL, CHERYL R NAME Kuykendall, Chervi R VP STREET ADDRESS 707 IRONWOOD COURT STREET ADDRESS 707 Ironwood Court CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP Orlando, FL 32708 TITLE Delete TITLE] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 12. Thereby 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 empower

OR DIRECTOR

Date

Daytime Phone #

FILED