


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # S17339 1. Entity Name SOUTHERN TAPE & LABEL, INC.	
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Principal Place of Business 1107 PEACHTREE STREET COCOA, FL 32922	Mailing Address P.O. BOX 3466 COCOA, FL 32924-3466
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DO NOT WRITE IN THIS SPACE

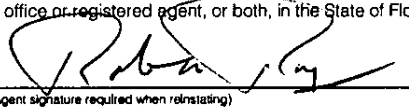


01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3042010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAMSEY, ROBERT M. 1107 PEACHTREE STREET COCOA, FL 32922

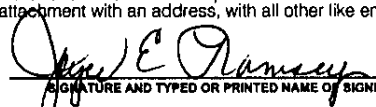
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IN THIS SPACE**

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 <u>ROBERT M. RAMSEY PRESIDENT</u>  <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000748121 05/17/07-80054-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, ROBERT M. 2870 MOURNING DOVE WAY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, JOYCE E. 2870 MOURNING DOVE WAY TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, ROBERT J 4435 SADDLEBACK ST COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, SHANNON D 2220 PARRISH ROAD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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:  <u>4/26/07</u> <u>321 632-5275</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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