

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24023

FILED
Apr 18, 2008
Secretary of State

Entity Name: AKITA COPY PRODUCTS INC.

Current Principal Place of Business:

5410-A PIONEER PARK BLVD
TAMPA, FL 33604 US

New Principal Place of Business:

5412 PIONEER PARK BLVD
SUITE A
TAMPA, FL 33634 US

Current Mailing Address:

5410-A PIONEER PARK BLVD
TAMPA, FL 33604 US

New Mailing Address:

5412 PIONEER PARK BLVD
SUITE A
TAMPA, FL 33634 US

FEI Number: 59-3065417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKLER, MITCHELL
5410-A PIONEER PARK BLVD.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

LOCKLER, MITCHELL J PRES
5412 PIONEER PARK BLVD
SUITE A
TAMPA, FL 33634 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: MITCHELL J LOCKLER

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOCKLER, MITCHELL,
Address: 18979 CROOKED LANE
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: LOCKLER, KAREN,
Address: 18979 CROOKED LANE
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOCKLER, MITCHELL,
Address: 18979 CROOKED LANE
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change () Addition
Name: LOCKLER, KAREN,
Address: 18979 CROOKED LANE
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify 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: KAREN LOCKLER

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date