

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V41871

FILED
Aug 07, 2008
Secretary of State**Entity Name:** TOTAL REPROGRAPHICS, INC.**Current Principal Place of Business:**1435 COLLINGSWOOD BLVD
UNIT D
PT CHARLOTTE, FL 33948 US**New Principal Place of Business:****Current Mailing Address:**1435 COLLINGSWOOD BLVD
UNIT D
PT CHARLOTTE, FL 33948 US**New Mailing Address:****FEI Number:** 65-0340394 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUNDZIK, SHARON D
1878 ARGONNE COURT
NORTH PORT, FL 34288 US**Name and Address of New Registered Agent:**GUNDZIK, JACINDA J
2042 LOVOY COURT
NORTH PORT, FL 34288 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: JACINDA J. GUNDZIK

08/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: GUNDZIK, JACINDA,
Address: 2942 LOVOY COURT
City-St-Zip: NORTH PORT, FL 34288**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: GUNDZIK, SHARON D
Address: 1878 ARGONNE COURT
City-St-Zip: NORTH PORT, FL 34288

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: SHARON D. GUNDZIK

PRES

08/07/2008

Electronic Signature of Signing Officer or Director

Date