


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 15 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000099358 1. Entity Name THE MERRY MAILMAN, INC.	
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Principal Place of Business 3907 NORTH FEDERAL HWY POMPANO BEACH, FL 33064	Mailing Address 3907 NORTH FEDERAL HWY POMPANO BEACH, FL 33064
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2. Principal Place of Business 3907 NORTH FEDERAL HWY Suite, Apt. #, etc.	3. Mailing Address 3907 NORTH FEDERAL HWY. Suite, Apt. #, etc.
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City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33064	Zip 33064

4. FEI Number 65-1050658	<input type="checkbox"/> Applied For <input checked="" 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 GUZIK, JACK R 560 32ND CT SW VERO BEACH, FL 32968-4133	7. Name and Address of New Registered Agent Name CARLA FELINI Street Address (P.O. Box Number is Not Acceptable) 3963 NW 4 CT City DEERFIELD BEACH FL Zip Code 33442
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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 Carla Felini **CARLA FELINI** **08/11/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete GUZIK, JACK R	TITLE	MANAGER/OWNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARLA FELINI
STREET ADDRESS	560 32ND CT SW	STREET ADDRESS	3963 NW 4 CT
CITY-ST-ZIP	VERO BEACH, FL 329684133	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D <input checked="" type="checkbox"/> Delete GUZIK, MARGARET A	TITLE	OWNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODRIGO NASCIMENTO
STREET ADDRESS	560 32ND CT SW	STREET ADDRESS	3963 NW 4 CT
CITY-ST-ZIP	VERO BEACH, FL 329684133	CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	500078884105
CITY-ST-ZIP		CITY-ST-ZIP	08/18/06--01044--004 **\$61.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Carla Felini **08/11/06** 954-786 1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/16
CW