

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000058295

Entity Name: US MAIL DELIVERY GROUP, INC.

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

PO BOX 1136  
GAINESVILLE, FL 32602

## **New Principal Place of Business:**

3035 NE 21ST WAY  
GAINESVILLE, FL 32609

## **Current Mailing Address:**

PO BOX 1136  
GAINESVILLE, FL 32602

## **New Mailing Address:**

FEI Number: 20-2916022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PROBASCO, JOSEPH A  
220 S FRANKLIN ST  
TAMPA, FL 33602 US

## **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALBERTS, ROBERT M P  
Address: PO BOX 1136  
City-St-Zip: GAINESVILLE, FL 32602

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ALBERTS, ROBERT M P  
Address: POST OFFICE BOX 1136  
City-St-Zip: GAINESVILLE, FL 32602

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. ALBERTS

D

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date