2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P94000037033 ARCHIVE AMERICA, INC. Principal Place of Business Malling Adoress 3455 NW 54 ST 3455 NW 54 ST MIAML FL 33142 MIAMI, FL 33142 CR2E034 (11/05) 04212006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0489568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. TALLAHASSEE, FL 32301 IN THIS SPACE . 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. Signature, typed or twinted name of repretered agent and rise if applicable. fNOTE: Registered Agent signature required when reinstating) DATE P. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ክπ.E **BLANK, ANDREW** MAME STREET ADDRESS 3455 NW 54 ST 05/16/06-80023-014 150.00 COY-ST-ZP MIAMI, FL 33142 DAE NAME BLANK, JEROME STREET ADDRESS 3455 NW 54 ST CITY-ST-27 MIAMI, FL 33142 7177.E NAME WEINSTEIN, WILL 3455 NW 54 ST MIAMI FL STREET ADDRESS DO NOT WRITE CHY-ST-27 MIAMI, FL 33142 IN THIS SPACE FISCHER, ROBERT NAME 3455 NW 54 ST STREET ADDRESS CRY-ST-ZP MIAMI, FL 33142 TELE NAME STREET ADDRESS CRY-ST-ZP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, 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 of 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 an other like empowered.

e:	CN	īΑ	77	10	c.

me NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATORE AND TY D NAME OF SIGNING OFFICER OR DIRECTOR

FILED