
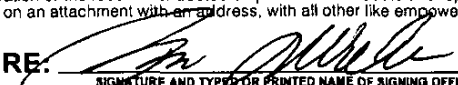


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 006 \*\*\*150.00

<b>DOCUMENT # 853575</b> 1. Entity Name <b>WALSH MESSENGER SERVICE, INC.</b>					
Principal Place of Business <b>4 3RD ST. GARDEN CITY PARK, NY 11040</b>			Mailing Address <b>4 3RD ST. GARDEN CITY PARK, NY 11040</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>11-1991161</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BONGIORNO, RICHARD 6861 S.W. 16TH ST. PLANTATION, FL 33317</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D WALSH, RICHARD F JR. <input type="checkbox"/> Delete		TITLE	Walsh, Richard F. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 1028 49 DANISH ROCK RD.		NAME	PO Box 1028 Dinah Rock Rd.	
STREET ADDRESS	SHELTER ISLAND, NY 11964		STREET ADDRESS	Shelter Island, NY 11964	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, THOMAS		NAME		
STREET ADDRESS	26 ST. PAUL'S PLACE		STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY, NY		CITY-ST-ZIP		
TITLE	SVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANTUK, PATRICIA		NAME		
STREET ADDRESS	131 NASSAU BLVD		STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY, NY		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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.					
<b>SIGNATURE:</b> 			Thomas R. Walsh		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		