
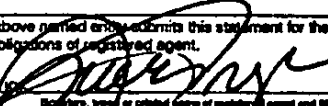
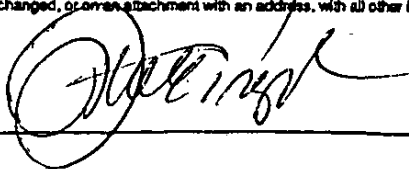


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

02-23-2006 90018 032 ***158.75

DOCUMENT # F99000001910			
1. Entity Name U.S. POSTCARD SYSTEMS, INC.			
Principal Place of Business 1156 NE CLEVELAND ST. CLEARWATER, FL 33755		Mailing Address 1156 NE CLEVELAND ST. CLEARWATER, FL 33755	
2. Principal Place of Business 6730 W Linebaugh Ave <small>(Suite, Apt. #, etc.)</small> 201		3. Mailing Address 6730 W Linebaugh Ave <small>(Suite, Apt. #, etc.)</small> 201	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33625		Zip 33625	
Country Hillsborough		Country Hillsborough	
4. FEI Number 59-3535409		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HANNA, LINDA C 600 S MAGNOLIA AVE #125 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity admits 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  P David Tropp, Pres 3/8/06 <small>(Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relocating.)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD TROPP, P. D 1156 NE CLEVELAND ST. CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD Troff, P D 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GOLDEN, LAWRENCE 1156 NE CLEVELAND ST. CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Golden, Lawrence 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			



P David Tropp, Pres **3/23/06**



ATTACHMENT
66007247

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2006

U.S. POSTCARD SYSTEMS, INC.
6730 WEST LINEBAUGH AVENUE
SUITE 201
TAMPA, FL 33625 US

Subject: U.S. POSTCARD SYSTEMS, INC.

Reference Number: **F99000001918**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD
ANNUAL REPORTS SECTION



ATTACHMENT

66007247

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

U.S. POSTCARD SYSTEMS, INC.
6730 W LINEBAUGH AVE
201
TAMPA, FL 33625

Subject: U.S. POSTCARD SYSTEMS, INC.

Reference Number:

F99000001910

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ms

ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314