

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90847 024 ***158.75



DOCUMENT # F99000001910

1. Entity Name
U.S. POSTCARD SYSTEMS, INC.

Principal Place of Business
**6730 WEST LINEBAUGH AVE
 SUITE 201
 TAMPA, FL 33625**

Mailing Address
**6730 WEST LINEBAUGH AVE
 SUITE 201
 TAMPA, FL 33625**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3535409** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, LINDA C
 600 S MAGNOLIA AVE #125
 TAMPA, FL 33606**

**DO NOT WRITE
 IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------------|
| TITLE | PCD |
| NAME | TROPF, P. D |
| STREET ADDRESS | 6730 WEST LINEBAUGH AVE SUITE 201 |
| CITY - ST - ZIP | TAMPA, FL 33625 |
| TITLE | VSD |
| NAME | GOLDEN, LAWRENCE |
| STREET ADDRESS | 6730 WEST LINEBAUGH AVE SUITE 201 |
| CITY - ST - ZIP | TAMPA, FL 33625 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

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 trustee, 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 as an attachment with an address, when otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Trope

4/27/07 813-960-7787

Date

Daytime Phone #