## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001910

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

FILED Jul 02, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 6730 WEST LINEBAUGH AVE SUITE 201 TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** 6730 WEST LINEBAUGH AVE SUITE 201 TAMPA, FL 33625 FEI Number: 59-3535409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANNA, LINDA C 600 S MAGNOLIA AVE #125 TAMPA, FL 33606 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD ( ) Delete () Change () Addition TROPF, P. D Name: Name: 6730 WEST LINEBAUGH AVE SUITE 201 Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: VSD () Delete Title: () Change () Addition Name: GOLDEN, LAWRENCE Name: Address: 6730 WEST LINEBAUGH AVE SUITE 201 Address: TAMPA, FL 33625 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID TROPF	PCD	07/02/2009
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