## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY -ST- ZIP

## May 03, 2006 08:00 AM Secretary of State DOCUMENT # G30855 MAIL UNLIMITED, INC. Principal Place of Business Mailing Address 4607 METRIC DRIVE PO BOX 4180 WINTER PARK, FL 32792 WINTER PARK, FL 32793 US CR2E034 (11/05) 05012006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2279491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROENNLE, RICHARD A MR DO NOT WRITE 4607 METRIC DRIVE WINTER PARK, FL 32792 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. 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. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000560162 05/18/06-80027-015 150.00 BROENNLE, RICHARD A NAME STREET ADDRESS 1024 LAKE BALDWIN LN ORLANDO, FL 32814 CITY-ST-ZIP BROENNLE, ELEANOR M NAME 1024 LAKE BALDWIN LN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32814 DΡ TITLE BROENNLE, RICHARD A JR 1656 THORNHILL CIRCLE STREET ADDRESS DO NOT WRITE CITY - ST- ZIP OVIEDO, FL 32765 IN THIS SPACE TITLE BROENNLE, ERNEST A NAME 634 KING HAROLD CT STREET ADDRESS OVIEDO, FL 32765 CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP

FILED

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

SIGNATURE AND TYPED OR PRINTED NAME OF