



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # H63037 1. Entity Name CORPORATE COURIER, INC.			
Principal Place of Business PO BOX 19337 TAMPA, FL 33686		Mailing Address PO BOX 19337 TAMPA, FL 33686	
DO NOT WRITE IN THIS SPACE			
		04202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2549280	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MCGREEVY, JOHN 6605 KISSIMMEE ST TAMPA, FL 33616		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
TITLE	PD	DO NOT WRITE IN THIS SPACE U000000539992 05/09/06-80119-021 158.75	
NAME	MCGREEVY, JOHN		
STREET ADDRESS	6605 KISSIMMEE ST		
CITY-ST-ZIP	TAMPA, FL		
TITLE	S		
NAME	POWERS, DONALD W		
STREET ADDRESS	6610 KISSIMMEE ST		
CITY-ST-ZIP	TAMPA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			
SIGNATURE: <i>John McGreevy</i> JOHN MCGREEVY		Date <i>4/21/06</i> Daytime Phone # <i>813 837-9198</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			