


**2006 FOR PROFIT CORPORATION-
ANNUAL REPORT (AR)**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 031 ***150.00

DOCUMENT # H98908	
1. Entity Name ROYAL MAIL, INC.	

Principal Place of Business 7533 SE AUTUMN LN HOBE SOUND FL 33455 US	Mailing Address 7533 SE AUTUMN LN HOBE SOUND FL 33455 US
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2. Principal Place of Business 12000 SE 91st Circle	3. Mailing Address 12000 SE 91st Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Summerfield FL	City & State Summerfield FL	4. FEI Number 59-2642086	Applied For <input type="checkbox"/>
Zip 34491	Country USA	Zip 34491	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAUSMANN, DONALD G. 7533 SE AUTUMN LN HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name HAUSMANN Eileen	
		Street Address (P.O. Box Number is Not Acceptable) 12000 SE 91st Circle	
		City Summerfield	FL Zip Code 34491

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 *Eileen Hausmann CPTSD* DATE *February 2, 2006*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS HAUSMANN, DONALD 7533 SE AUTUMN LANE HOBE SOUND FL 33455 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD KANE, DONALD H. 18040 CROON QUAY LANE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTSD Eileen HAUSMANN 12000 SE 91 st Circle Summerfield, FL 34491 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eileen Hausmann* Date: *2/2/06* 352.245.8737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #