


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K68618**  
1. Entity Name  
ROBERTS MAIL CONTRACTING, INC.



Principal Place of Business  
2593 NELSON STREET  
AUBURNDALE, FL 33823-4816 US

Mailing Address  
2593 NELSON STREET  
AUBURNDALE, FL 33823-4816 US

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0094156

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MIKKELSEN, LARS  
2593 NELSON ST  
AUBURNDALE, FL 33823

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MIKKELSEN, LARS H
STREET ADDRESS	2593 NELSON ST.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	VPST
NAME	MIKKELSEN, PENNY K
STREET ADDRESS	2593 NELSON ST.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564166  
05/20/06-80051-007 550.00

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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: Penny K Mikkelsen Date: 5/11/06 Daytime Phone #: (813) 967-9588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR