


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007843 1. Entity Name FLORIDA POSTAL MUSEUM, INC.	
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Principal Place of Business 300 S. VOLUSIA AVE. ORANGE CITY, FL 32763	Mailing Address 300 S. VOLUSIA AVE. ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 61-1484725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINAUER, RICHARD C
5837 WESTPORT DR.
PORT ORANGE, FL 32127

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11770007534015
05/06/06-80146-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FEINAUER, RICHARD C 5837 WESTPORT DR. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GALLAGHER, JOHN 9226 MELLENBROOK RD COLUMBIA, MD 21045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUSSELL, WILLIAM 1670 W. BLUE SPRING AVE. ORANGE CITY, FL 32760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KELLERMEIER, ROBERT J 400 ROUEN DR APT A DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTHRIE, JOSEPH 3351 BLACK WILLOW TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMUCKER, SAM 14124 RIGDON RD UMATILLA, FL 32784

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Robert J. Kellermeier **ROBERT J. KELLERMEIER** 4/2/06 386-788112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #