2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21612

FILED Jan 14, 2004 Secretary of State

Entity Name: CARING FOR POSTAL FAMILIES, INC.

Current Principal Place of Business: New Principal Place of Business: 465 FLEMING AVE GREEN ACRES, FL 33463 US **Current Mailing Address: New Mailing Address:** PO BOX 18853 WEST PALM BEACH, FL 33416 US FEI Number: 65-0009068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANKS, RAE FRANKS & MEGIAS, ATTORNEYS 1000 SOUTHERN BOULEVARD, SUITE 201 W. PALM BEACH, FL 33405 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition OLSON, PAUL, OLSON, PAUL, Name: Name: 3132 COLLINS DR S.W. Address: 16224 FOUR WOOD WAY Address: City-St-Zip: PT. ST. LUCIE. FL City-St-Zip: INDIANTOWN, FL 34956 Title: Title: () Delete () Change () Addition Name: GUEST, RAVEN Name: Address: 465 FLEMING AVE Address: City-St-Zip: GREEN ACRES, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition HERZOG, ROE Name: COLLINS, MARY Name: 148 VISCAYA AVE Address: Address: 3200 SUMMIT BLVD City-St-Zip: WEST PALM BEACH, FL 33411 US City-St-Zip: WEST PALM BEACH, FL 33406 US Title: () Delete Title: () Change () Addition Name: ADNOT, MICHELLE Name: Address: 3415 DIANE DR Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition SASSO, CECILLE Name: Name: 106 WOODLAKE CIR Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: (X) Change () Addition FASHANO, RONALD DEMARTIO JR., DOMINIC Name: Name: Address: 3025 THRUSH DR., #202 Address: 6105 N. WICKHAM RD MELBOURNE, FL 32935 US MELBOURNE, FL 32940 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAVEN GUEST D 01/14/2004