



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000043078 1. Entity Name POSTALCRAFT AMERICA, INC.														
Principal Place of Business 5199 N.W. 15TH STREET BAY B-11 MARGATE, FL 33442		Mailing Address 477 N.W. 46TH AVE. DEERFIELD BEACH, FL 33442												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent IVES, DEBORAH E 477 N.W. 46TH AVE. DEERFIELD BEACH, FL 33442		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) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>P IVES, ANDREW S 477 N.W. 46TH AVENUE DEERFIELD BEACH, FL 33442</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IVES, ANDREW S 477 N.W. 46TH AVENUE DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE U000000175097 01/10/05-80034-024 150.00
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Andrew S. Ives SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-6-05 954-428-1298 Date Daytime Phone #												