2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007574

Name:

Address:

City-St-Zip:

REHMAN, GRACE

3801 SAND PIPER COVE, #1

BOYNTON BEACH, FL 33436

FILED Jan 21, 2005 Secretary of State

Entity Nar	ne: MERCUR	Y MAILING SERVICE, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	97TH AVENUE 331721413				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2622 NW 97TH AVENUE MIAMI, FL 331721413					
FEI Number:	65-1072974	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1653 NW 7	E, MATTHEW '9 AVENUE 331261105 U		2622 NW 97TH AVEN	CRABTREE, MATTHEW A 2622 NW 97TH AVENUE MIAMI, FL 331721413 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: MATTHE	W A. CRABTREE		01/21/2005	
	Electron	ic Signature of Registered Ager	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CRABTREE, MA 9301 SW 92 AV MIAMI, FL 331	'ENUE, #C420	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CRABTREE, LC 100 PARK FOR FRANKLIN, IN	EST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW A. CRABTREE PD 01/21/2005