2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007574

Name:

Address:

City-St-Zip:

REHMAN, GRACE

3801 SAND PIPER COVE, #1

BOYNTON BEACH, FL 33436

FILED Feb 10, 2006 Secretary of State

Entity Name: MERCURY MAILING SERVICE, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
8950 S.W. 160TH STREET MIAMI, FL 33157						
Current Mailing Address:				New Mailing Address:		
P. O. BOX 520516 MIAMI, FL 33152						
FEI Number:	65-1072974	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CRABTREE, MATTHEW A 2622 NW 97TH AVENUE MIAMI, FL 331721413 US				CRABTREE, MATTHEW A 8950 S.W. 160TH STREET MIAMI, FL 33157 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: MATTHEW A. CRABTREE				02/10/2006		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		() Delete MATTHEW A 2 AVENUE, #C420 33176		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D CRABTREE, 100 PARK F FRANKLIN,	OREST		Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	D	() Delete		Title [.]	D	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:

REHMAN, GRACE

10335 NW 39TH MANOR

CORAL SPRINGS, FL 33065

SIGNATURE: MATTHEW A. CRABTREE PD 02/10/2006