2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P01000086391

Entity Name: MAILROUTE INC

Current Principal Place of Business:

1340 NW 196 STREET
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1340 NW 196 STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CAMPBELL, COURTNEY II	
Address:	1340 NORTHWEST 196TH. STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	BROWN, GEOFFREY	
Address:	19125 NORTHWEST 11TH COURT	
City-St-Zip:	MIAMI, FL 33169	
Title:	T	( ) Delete
Name:	BROWN, GEOFFREY	
Address:	19125 NORTHWEST 11TH COURT	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	S	( ) Delete
Name:	JOILES, MELISSA	
Address:	1340 NORTHWEST 196TH STREET	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	S	( ) Delete
Name:	MARCELO, NEIDY	
Address:	1200 NORTHWEST 189TH TERRACE	
City-St-Zip:	MIAMI, FL 33169 US	
Title:	D	( ) Delete
Name:	HORNSBY, DWIGHT	
Address:	1200 NORTHWEST 189TH TERRACE	
City-St-Zip:	MIAMI, FL 33169 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY CAMPBELL D 04/28/2004

Electronic Signature of Signing Officer or Director — Date