

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094329

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: US POSTAL SOLUTIONS INC.

**Current Principal Place of Business:**

P.O.BOX 1136  
GAINSVILLE, FL 32602

**New Principal Place of Business:**

3035 NE 21ST WAY  
GAINSVILLE, FL 32609

**Current Mailing Address:**

P.O.BOX 1136  
GAINSVILLE, FL 32602

**New Mailing Address:**

FEI Number: 59-3754933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, S. SCOTT  
527 E UNIVERSITY AVE  
GAINSVILLE, FL 32601      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:            ALBERTS, ROBERT M  
Address:        4000 SW 35 T STE B  
City-St-Zip:    GAINESVILLE, FL 32608

Title:            D            ( ) Delete  
Name:            MEDDIN, CRAIG S  
Address:        4000 SW 35 T STE B  
City-St-Zip:    GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            ALBERTS, ROBERT M  
Address:        POST OFFICE BOX 1136  
City-St-Zip:    GAINESVILLE, FL 32602

Title:            D            (X) Change ( ) Addition  
Name:            MEDDIN, CRAIG S  
Address:        POST OFFICE BOX 1136  
City-St-Zip:    GAINESVILLE, FL 32602

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.

SIGNATURE: ROBERT M. ALBERTS

D

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date