
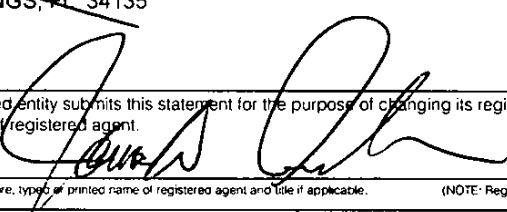
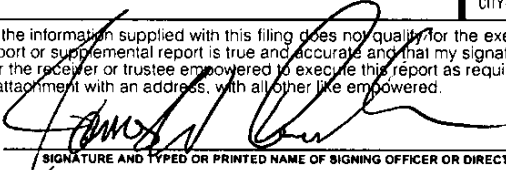


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90384 015 \*\*\*150.00

<b>DOCUMENT # P01000121354</b> 1. Entity Name <b>P. O. S. MEDIA, INC.</b>					
Principal Place of Business <b>28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135</b>			Mailing Address <b>28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>80-0028857</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALLURE ACCOUNTING, LLC 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent Name <b>JAMES W. ALBURN</b> Street Address (P.O. Box Number is Not Acceptable) <b>28000 SPANISH WELLS BLVD</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34135</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>AMBURN, JAMES W</b> <b>28000 SPANISH WELLS BLVD</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>AMBURN, JAMES W</b> <b>28000 SPANISH WELLS BLVD.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>AMBURN, JAMES W</b> <b>28000 SPANISH WELLS BLVD.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>AMBURN, JAMES W</b> <b>28000 SPANISH WELLS BLVD.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>AMBURN, JAMES W</b> <b>28000 SPANISH WELLS BLVD</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date <b>4-13-06</b> Daytime Phone # <b>231-992-4576</b>		