


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90036 025 ***150.00

DOCUMENT # P02000121326	
1. Entity Name ADVANCEPOST, INC.	

Principal Place of Business 4821 EVERHART DRIVE LAND O' LAKES, FL 34639	Mailing Address 4821 EVERHART DRIVE LAND O' LAKES, FL 34639
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50015876

2. Principal Place of Business 5301 Technology Dr. Suite, Apt. #, etc.	3. Mailing Address 5301 Technology Dr. Suite, Apt. #, etc.
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02072005 Chg-P CR2E034 (10/03)

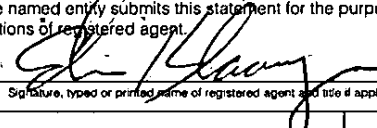
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33647	Zip 33647
Country USA	Country USA

4. FEI Number 59-3766940	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLAAMEYER, EDWIN 4821 EVERHART DRIVE LAND O' LAKES, FL 34639
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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  Signature, typed or printed name of registered agent and title if applicable.	DATE 2/8/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME KLAAMEYER, EDWIN	
STREET ADDRESS 4821 EVERHART DRIVE	
CITY-ST-ZIP LAND O' LAKES, FL 34639	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/8/05	DAYTIME PHONE # (813) 318-1012
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