2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000014147

1. Entity Name
THE EXPRESS SECRETARY, INCORPORATED

Principal Place of Business

19220 BLOUNT RD.
LUTZ, FL 33558

Mailing Address

19220 BLOUNT RD.
LUTZ, FL 33558

DO NOT WRITE IN THIS SPACE

04202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2334596	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SALLABARRY-MALLICOTE, MARI LR
19220 BLOUNT RD.
LUTZ, FL 33558

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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   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SALLABERRY-MALLICOTE, MARI LR
STREET ADDRESS	19220 BLOUNT RD.
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Mari Sallaberry Mallicote_   04/26/05   813-848-0263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #