2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000049832

1. Entity Name
KC COURIER, INC.

FILED
06 AUG -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3614 W TAMPA CIR TAMPA, FL 33629 US	3614 W TAMPA CIR TAMPA, FL 33629 US

06262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0649842 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, WILSON J 3619 W GRAY ST TAMPA, FL 33609	Name: OLGA L. MARTIN Street Address (P.O. Box Number is Not Acceptable): 3614 W. TAMPA CIR. City: TAMPA **FL** Zip Code: 33629

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] DATE: 7/27/06
Signature, if changing Registered Agent, Registered Agent's title, if applicable (NOTE: Registered Agent's signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTIN, WILSON J 3619 W GRAY ST TAMPA, FL 33609	☒ Delete	P OLGA L MARTIN 3614 W. TAMPA CIR. TAMPA, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN, WILSON J 3619 W GRAY ST TAMPA, FL 33609	☒ Delete	VP OLGA L MARTIN 3614 W. TAMPA CIR. TAMPA, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S MARTIN, OLGA L 3619 W GRAY ST TAMPA, FL 33609	☐ Delete	900078751559 08/16/06--01018--003 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 7/27/06
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #