2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P03000053590

Entity Name: FULFILLMENT SERVICES INCORPORATED

Current Principal Place of Business:

% CHARLTON STONER, ESQ.
1101 BRICKELL AVENUE SUITE 1700
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

% CHARLTON STONER, ESQ.
1101 BRICKELL AVENUE SUITE 1700
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-1520555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONER, CHARLTON ESQ.
1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131 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: P/D ( ) Delete
Name: COHEN, BARRY
Address: POST OFFICE BOX 526961
City-St-Zip: MIAMI, FL 33152

Title: VP ( ) Delete
Name: COHEN, BARRY
Address: POST OFFICE BOX 526961
City-St-Zip: MIAMI, FL 33152

Title: T ( ) Delete
Name: COHEN, BARRY
Address: POST OFFICE BOX 526961
City-St-Zip: MIAMI, FL 33152

Title: S ( ) Delete
Name: COHEN, BARRY
Address: POST OFFICE BOX 526961
City-St-Zip: MIAMI, FL 33152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: COHEN, BARRY
Address: POST OFFICE BOX 526951
City-St-Zip: MIAMI, FL 33152

Title: VP (X) Change ( ) Addition
Name: COHEN, BARRY
Address: POST OFFICE BOX 526951
City-St-Zip: MIAMI, FL 33152

Title: T (X) Change ( ) Addition
Name: COHEN, BARRY
Address: POST OFFICE BOX 526951
City-St-Zip: MIAMI, FL 33152

Title: S (X) Change ( ) Addition
Name: COHEN, BARRY
Address: POST OFFICE BOX 526951
City-St-Zip: MIAMI, FL 33152

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: BARRY COHEN P 01/19/2006

Electronic Signature of Signing Officer or Director — Date