2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Apr 23, 2007 08:00 A Secretary of State

ANNUAL REPORT			C C C
1. Entity Nam	MENT # P03000059777 ws mailing enterprises, inc.		Secretary of S
Principal Place of Business 4142 MARINER BLVD, STE A204 SPRING HILL, FL 34609 Mailing Address 4142 MARINER BLVD, STE A204 SPRING HILL, FL 34609			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			02222007 No Chg-P CR2E034 (11/05) 4. FEI Number
MATTHEWS, CHARLES 4142 MARINER BLVD, STE A204 SPRING HILL, FL 34609			DO NOT WRITE IN THIS SPACE
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) PATE FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
10. IITLE NAME STREET ADDRESS CVY-SY-ZVP TITLE NAME STREET ADDRESS CITY-SY-ZVP	OFFICERS AND DIRECTORS D MATTHEWS, CHARLES 11338 LONG HILL CT SPRING HILL, FL 34609 D MATTHEWS, MICHELE 11338 LONG HILL CT SPRING HILL, FL 34609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		`	DO NOT WRITE IN THIS SPACE
NAME			
12. I hereby certify that the information supplied with this filling 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.			

CHARLES MATTHEWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #