



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 014 ***150.00

DOCUMENT # P03000086293 1. Entity Name POSTAGE SAVERS, INC.					
Principal Place of Business 5026 CAMBRIDGE DR MIMS, FL 32754		Mailing Address 5026 CAMBRIDGE DR MIMS, FL 32754			
2. Principal Place of Business 11 W. Main St Suite, Apt. #, etc. Suite 2 City & State Titusville, FL Zip 32796		3. Mailing Address 11 W. Main St Suite, Apt. #, etc. Suite 2 City & State Titusville, FL Zip 32796		 03022003 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 E JEFFERSON ST TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Elizabeth G. Wenneberg Street Address (P.O. Box Number is Not Acceptable) 5026 Cambridge Dr City Mims State FL Zip Code 32754			
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 <i>Elizabeth G. Wenneberg</i> Elizabeth G Wenneberg Director 5/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENNEBERG, ELIZABETH 5026 CAMBRIDGE DR MIMS, FL 32754	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSEN, LINDA 605 GASLIGHT DR ALGONQUIN, IL 60102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Luke Wenneberg 5026 Cambridge Dr Mims, FL 32754	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>Linda Hansen</i> Linda Hansen 5/8/04 321-383-8224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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