2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P03000101227

Entity Name: SHARON METCALFE MAILING SERVICES, INC.

Current Principal Place of Business:

3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL

New Principal Place of Business:

3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL 34120

Current Mailing Address:

3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL

New Mailing Address:

3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL 34120

FEI Number: 20-0243565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METCALFE, SHARON
3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL US

Name and Address of New Registered Agent:

METCALFE, SHARON
3560 GOLDEN GATE BOULEVARD WEST
NAPLES, FL 34120 US

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: SHARON F METCALFE 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: METCALFE, SHARON
Address: 3560 GOLDEN GATE BOULEVARD WEST
City-St-Zip: NAPLES, FL

Title: VT ( ) Delete
Name: METCALFE, SHARON
Address: 3560 GOLDEN GATE BOULEVARD WEST
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SHARON F METCALFE P 05/01/2006
Electronic Signature of Signing Officer or Director Date