2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | Wiai 13, 2003 00.00 |
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| DOCUMENT # P03000105912 1. Entity Name GLOBAL POSTAL GROUP, INC. | Secretary of State |
| Principal Place of Business Mailing Address 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 Mailing Address 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 | FIREHOLD IV Return (VII dent) a five series and series and series and series and series and series and series |
| DO NOT WRITE IN THIS SPA | 02132005 No Chg-P CR2E034 (10/03) 4. FEI Number 42-1605211 Not Applicable 5. Certificate of Status Desired |
| Name and Address of Current Registered Agent | |
| BRANDES, KEVIN 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 | DO NOT WRITE IN THIS SPACE |
| The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. | ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | ered Agent signature required when reinstating) DATE |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution | |
| 10. OFFICERS AND DIRECTORS TITLE P NAME BRANDES, KEVIN STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DO NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filling 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: 3/12/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR Date Daysime Phone # | |