## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 10, 2006 8:00 am Secretary of State 03-10-2006 90001 014 \*\*\*150.00 DOCUMENT # P03000105912 GLOBAL POSTAL GROUP, INC. Mailing Address 40027838 Principal Place of Business 2880 MARINA CIRCLE 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 CR2E034 (11/05) 02132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1605211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANDES, KEVIN DO NOT WRITE 2880 MARINA CIRCLE LIGHTHOUSE POINT, FL 33064 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BRANDES, KEVIN NAME 2880 MARINA CIRCLE STREET ADDRESS LIGHTHOUSE POINT, FL 33064 CITY-S1-ZIP TETLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP NAME STREET ADDRESS CITY-ST-7tP

12. I hereby certify that the information supplied with this filing 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 Justee 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/wijh an address with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #