

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032643

FILED
Apr 20, 2006
Secretary of State

Entity Name: SAM'S EXPRESS DELIVERY SERVICE INC

Current Principal Place of Business:

24 LAKE POINTE CIRCLE
KISSIMMEE, FL 34743 US

New Principal Place of Business:

1147 CREEK WOODS CIRCLE
ST CLOUD, FL 34772 US

Current Mailing Address:

24 LAKE POINTE CIRCLE
KISSIMMEE, FL 34743 US

New Mailing Address:

1147 CREEK WOODS CIRCLE
ST CLOUD, FL 34772 US

FEI Number: 20-0781337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CERNIGLIA, SALVATORE R
24 LAKE POINTE CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

CERNIGLIA, SALVATORE R
1147 CREEK WOODS CIRCLE
ST CLOUD, FL 34772 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: _____

Electronic Signature of Registered Agent

04/20/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CERNIGLIA, SALVATORE R
Address: 24 LAKE POINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: VP () Delete
Name: CERNIGLIA, MARYLINE A
Address: 24 LAKE POINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CERNIGLIA, SALVATORE R
Address: 1147 CREEK WOODS CIRCLE
City-St-Zip: ST CLOUD, FL 34772 US

Title: VP (X) Change () Addition
Name: CERNIGLIA, MARYLINE A
Address: 1147 CREEK WOODS CIRCLE
City-St-Zip: ST CLOUD, FL 34772 US

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: SALVATORE CERNIGLIA

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date