2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 20, 2006 08:00 Al Secretary of State **DOCUMENT # P04000052848** 1. Entity Name BUDDY'S COURIER SERVICE, INC. Principal Place of Business Mailing Address 1201 S 535 #103 1201 \$ 535 #103 WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 No Chg-P CR2E034 (11/05) 03072006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0920168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHOR, KENNETH A DO NOT WRITE 1201 S 535 #103 WINTER GARDEN, FL 34787 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. -10-06 SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 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. D TITLE SCHOR, KENNETH A NAME STREET ADDRESS 1201 S 535 #103 U00000520329 05/02/06-80030-017 158.75 CITY-ST-ZIP WINTER GARDEN, FL 34787 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONMETS AS COME OF DIGHT OF DIRECTOR

3-1-06

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Daytime Phone #