2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167944

SANFORD, FL 32773

City-St-Zip:

FILED Apr 06, 2006 Secretary of State

Entity Name: POST FX INC. **Current Principal Place of Business: New Principal Place of Business:** 261 CLYDESDALE CIRCLE P.O. BOX 550 SANFORD, FL 32773 SANFORD, FL 32773 **Current Mailing Address: New Mailing Address:** 261 CLYDESDALE CIRCLE P.O. BOX 550 SANFORD, FL 32773 SANFORD, FL 32772 FEI Number: 20-2123336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONNELLY, TERRI 261 CLYDESDALE CIRCLE SANFORD, FL 32773 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LEGASSICK, SETH LEGASSICK, SETH Name: Name: 4532 FAIRPORT CT 476 W MICHIGAN AV Address: Address: City-St-Zip: HIGH POINT, NC 27265 City-St-Zip: LAKE HELEN, FL 32744 Title: VP/T () Delete Title: () Change () Addition Name: DUNAKIN, ROBIN Name: 261 CLYDESDALE CIRCLE Address: 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: TERRI CONNELLY RA 04/06/2006