2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000093099

Entity Name: AMAZING MAIL SOLUTIONS, INC.

Current Principal Place of Business:

27 AZALEA DR
UNIT E
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 547
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 20-5203631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWDEN, GARVIN B
1300 THOMASWOOD DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Title: PST ( ) Delete
Name: LARSON, SHANNON K
Address: 27 AZALEA DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete
Name: LARSON, JARED
Address: 27 AZALEA DR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: LARSON, SHANNON K
Address: P O BOX 547
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: LARSON, SHANNON K
Address: 27 AZALEA DR UNIT E
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change ( ) Addition
Name: LARSON, JARED
Address: 27 AZALEA DR UNIT E
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change ( ) Addition
Name: LARSON, SHANNON K
Address: 27 AZALEA DRIVE UNIT E
City-St-Zip: CRAWFORDVILLE, FL 32327

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: SHANNON K LARSON PST 04/26/2007

Electronic Signature of Signing Officer or Director — Date