2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P06000093099

Entity Name: AMAZING MAIL SOLUTIONS, INC.

Current Principal Place of Business:

2671 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

2671 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

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:

LARSON, SHANNON K
2671 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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 UNIT E
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: LARSON, SHANNON K
Address: 2671 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change ( ) Addition
Name: LARSON, JARED
Address: 2671 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D (X) Change ( ) Addition
Name: LARSON, SHANNON K
Address: 2671 CRAWFORDVILLE HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify 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 04/22/2009

Electronic Signature of Signing Officer or Director — Date