2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087912

Entity Name: MAILSTREAM SOLUTIONS, INC

12 BOOTH BOULEVARD

SAFETY HARBOR, FL 34695

Address:

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

y	WICE IVII VILOTI	(L) (W) GOLG HONG, HVG.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HBOULEVARI HARBOR, FL				
Current Mailing Address:			New Mailing Address:		
	HBOULEVARI HARBOR, FL				
FEI Number:	: 87-0808626	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SUITE 102 CLEARWA The above	IRT STREET 2 ATER, FL 337		ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HOGAN, FRAN 12 BOOTH BO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMPSON, E 12 BOOTH BO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (THOMPSON, K) Delete (ATHLEEN	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: FRANK HOGAN P 01/14/2009