


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90001 038 \*\*\*150.00

<b>DOCUMENT # P36746</b>					
1. Entity Name WORLD COURIER GROUND, INC.					
Principal Place of Business 8815 NW 33 STREET SUITE 130 MIAMI, FL 33172 US		Mailing Address 125 WHIPPLE STREET PROVIDENCE, RI 02908 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0299257	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZALLER, MARC	NAME			
STREET ADDRESS	125 WHIPPLE STREET	STREET ADDRESS			
CITY-ST-ZIP	PROVIDENCE, RI 02908	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGER, JAMES R.	NAME			
STREET ADDRESS	46 SOUTHFIELD AVE., BL 3	STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEYLAND, WAYNE B. W.	NAME			
STREET ADDRESS	46 SOUTHFIELD AVE., BL 3	STREET ADDRESS			
CITY-ST-ZIP	STAMFORD, CT	CITY-ST-ZIP			
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURNIAK, MICHAEL	NAME			
STREET ADDRESS	125 WHIPPLE STREET	STREET ADDRESS			
CITY-ST-ZIP	PROVIDENCE, RI 02908	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, CLINTON	NAME			
STREET ADDRESS	1021 S. ROGERS CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, ROBYN	NAME			
STREET ADDRESS	125 WHIPPLE STREET	STREET ADDRESS			
CITY-ST-ZIP	PROVIDENCE, RI 02908	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: <u>Muhad Durniak</u>		Date: <u>3/15/07</u>		Daytime Phone #: <u>401 459 0990</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					