2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # P9700029414 1. Entity Name DISCOUNT MAILER, INC.					01	-25-2006 9	0024 008 ***	150.0)0
	e of Business BELL CRESCENT BEACH, FL 33411	Mailing Address 130 SILVER BELL CRESCENT ROYAL PALM BEACH, FL 33411			quuv	., v -			
	Meander Circle #, etc.	3. Mailing Address 204 Meand Suite, Apt. #, etc.	or Circle	01-	1 16511641 118 14111 1	Chg-P	CR2E034 (11/	.,	
City & State	Palm Beach, FL	City & State Royal Palm Be	pach, FL	,	El Number 65-074498	8	_	+	lied For Applicable
33411-2	Country Country G. Name and Address of Current R	33411-2983	Country USA	5. (Certificate of Sta	atus Desired	\$8.75 Fee Rec	Additi	
BURDICK, GEOFFREY C 1110 N. OLIVE AVE. WEST PALM BEACH, FL 33401				Name I Senberg, Larry Street Address (P.O. Box Number is Not Acceptable) 204 Meander Circle					
8. The above the obligati	named entity submits this statement for one of registered agent. Signature, typed or annead registered agent are	LARRY 1		registered ag	KERIGEN.	the State of Flo	FL 332 vida. I am familiar v 13/06 DATE	with, ar	2983 nd accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 M Added to F					
10.	OFFICERS AND D		11.			NGES TO OFF	ICERS AND DIREC		
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D ISENBERG, BARBARA F 130 SILVER BELL CRESCENT ROYAL PALM BEACH, FL 33411	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Isenberg 204 Med Royal Pa	, Larry nder Circ	le FL 334	⊠.Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	,		Cha	nge	Addition
TITLE NAME STREET ADDRESS CHY-S1-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Cha	nge	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	пge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge	Addition
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report at	signature shall b	ave the same.	legal effect as:	if made under e	oath: that I am an o	fficer o	rdirector t