2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057982

Entity Name: COURIER SOLUTIONS, INC.

210 S.W. 203RD AVE.

PEMBROKE PINES, FL 33029

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
2200 SW 71 TERRACE DAVIE, FL 33317			2345 STIRLING ROAD DANIA BEACH, FL 33312	
Current N	lailing Address:	New Mailing Add	ress:	
2200 SW 71 TERRACE DAVIE, FL 33317			2345 STIRLING ROAD DANIA BEACH, FL 33312	
FEI Number	: 65-0849825 FEI Number Applied	f For () FEI Number Not Applicable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Agent: Name and Addres	Name and Address of New Registered Agent:	
1228 S.W. PEMBRON	ERGER, SCOT M 181ST AVE. KE PINES, FL 33029 US named entity submits this statemed of Florida.	ent for the purpose of changing its regist	tered office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Reg	istered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribu	tion ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete DUNKELBERGER, SCOT M 1228 S.W. 181ST AVE. PEMBROKE PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () Delete DUNKELBERGER, CARRIE S 1228 S.W. 181ST AVE. PEMBROKE PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete DOMENECH, ELIZABETH R 210 S.W. 203RD AVE. PEMBROKE PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete DOMENECH, GABRIEL J	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: CARRIE S. DUNKELBERGER VSD 04/27/2007