2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000096096 1. Entity Name

POST & WICKHAM CORPORATION

FILED

07 MAY 10 PM 3: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

901 SOUTH FEDERAL HIGHWAY STE 101 FORT LAUDERDALE, FL 33316 Mailing Address 901 SOUTH FEDERAL HIGHWAY STE 101 FORT LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (11/05) 02012007

Applied For 4. FEI Number 65-0885151 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

WILKES, JOHN P ESQUIRE 901 SOUTH FEDERAL HIGHWAY STE 101-A FORT LAUDERDALE, FL 33316

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYNER, WILLIAMS A 901 S. FEDERAL HWY #101 FORT LAUDERDALE, FL 33316			O 05/2	00103023520 2/0701035006 **1311.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 trusted 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 artiferss, with all other like empowered.					

IGNING OFFICER OR DIRECTOR