


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000108346 1. Entity Name AACORD COURIER, INC.																																																					
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 1111-A ENTERPRISE COURT HOLLY HILL, FL 32117</td> <td style="width: 50%;">Mailing Address 1111-A ENTERPRISE COURT HOLLY HILL, FL 32117</td> </tr> </table>			Principal Place of Business 1111-A ENTERPRISE COURT HOLLY HILL, FL 32117	Mailing Address 1111-A ENTERPRISE COURT HOLLY HILL, FL 32117																																																	
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6. Name and Address of Current Registered Agent PERRY, KAREN 694 BUENA VISTA AVENUE ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust; Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; font-weight: bold;">10. OFFICERS AND DIRECTORS</td> </tr> <tr> <td style="width: 15%;">TITLE</td> <td colspan="2">PVTs</td> </tr> <tr> <td>NAME</td> <td colspan="2">PERRY, KAREN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">694 BUENA VISTA AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORMOND BEACH, FL 32174</td> </tr> <tr> <td>TITLE</td> <td colspan="2">DCM</td> </tr> <tr> <td>NAME</td> <td colspan="2">PERRY, KAREN</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">694 BUENA VISTA AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORMOND BEACH, FL 32174</td> </tr> <tr> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			10. OFFICERS AND DIRECTORS			TITLE	PVTs		NAME	PERRY, KAREN		STREET ADDRESS	694 BUENA VISTA AVENUE		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE	DCM		NAME	PERRY, KAREN		STREET ADDRESS	694 BUENA VISTA AVENUE		CITY-ST-ZIP	ORMOND BEACH, FL 32174		TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Karen Perry</u> KAREN PERRY 4/5/06 386-252-4611 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3553672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000527289
05/04/06-80108-002 150.00

DO NOT WRITE
IN THIS SPACE