2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2006 08:00 AM DOCUMENT # P99000066129 Secretary of State 1. Entity Name MAILFLOW TECHNOLOGIES, INC. Principal Place of Business Mailing Address 14062 NW 82ND AVENUE 14062 NW 82ND AVENUE MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 02052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAGANHEIM, ARTHUR B DO NOT WRITE 14062 NW 82 AVENUE MIAMI LAKES, FL 33016 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000431326 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 02/23/06-90018-022 150.00 OFFICERS AND DIRECTORS 10. TITLE NGUYÊN, PETER NAME STREET ADDRESS 140623 NW 82 AVENUE CITY-ST-ZIP MIAMI LAKES, FL 33016 D TITLE NAME WAGANHEIM, ARTHUR B 14062 NW 82 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 TITLE PUJOL, EMERITO STREET ADDRESS 14062 NW 82 AVENUE DO NOT WRITE CITY-SI-ZIP HIALEAH, FL 33016 IN THIS SPACE TITLE WERNIKOFF, IRAK NAME STREET ADDRESS 14062 NW 82 AVENUE CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Arthur B Way an heim

02/09/06

FILED

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