

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# N94000000285

Entity Name: AMERICAN POSTAL OWNERS, INC.

Current Principal Place of Business:

20 BROOKMEADE DRIVE
RHINEBECK, NY 12572

New Principal Place of Business:

20 BROOKMEADE DR
RHINEBECK, NY 12572

Current Mailing Address:

PO BOX 840
RHINEBECK, NY 125720840

New Mailing Address:

FEI Number: 65-0464093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIAN LYNN, CPA
2 SOUTH BROWARD BLVD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BAKALAR, CHLOE
Address: 20 BROOKMEADE DR
City-St-Zip: RHINEBECK, NY 12572

Title: PD () Delete
Name: BAKALAR, BIANCA C
Address: 20 BROOKMEADE DR
City-St-Zip: RHINEBECK, NY 12572

Title: VD (X) Delete
Name: BAKALAR, JEREMY
Address: 20 BROOKMEADE DR
City-St-Zip: RHINEBECK, NY 12572

Title: TD (X) Delete
Name: BAKALAR, SOPHIE I
Address: 20 BROOKMEADE DR
City-St-Zip: RHINEBECK, NY 12572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BAKALAR, MARVIN
Address: 20 BROOKMEADE DR
City-St-Zip: RHINEBECK, NY 12572

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN BAKALAR

SD

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date