

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90117 038 ***138.75

DOCUMENT # L05000087100 1. Entity Name DIRECT HIT MARKETING & DESIGN, LLC	
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Principal Place of Business 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414	Mailing Address 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-3492615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, BARRY
12788 W. FOREST HILL BOULEVARD
SUITE 1003
WELLINGTON, FL 33414

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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.

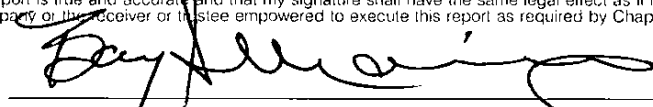
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME HOME ADDRESS CITY ST ZIP	MGRM MANNING, JOSHUA 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414
TITLE NAME HOME ADDRESS CITY ST ZIP	MGRM BLATTE, LEW 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414
TITLE NAME HOME ADDRESS CITY ST ZIP	MGRM ROCKWERK, AMY 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414
TITLE NAME HOME ADDRESS CITY ST ZIP	MGRM MANNING, BARRY 12794 WEST FOREST HILL BLVD SUITE 31 WELLINGTON, FL 33414
TITLE NAME HOME ADDRESS CITY ST ZIP	
TITLE NAME HOME ADDRESS CITY ST ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____