

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 035 ***150.00

DOCUMENT # P95000097448
 1. Entity Name
 DIRECT MARKETING SOUTHEAST, INC.



Principal Place of Business: 8038 OLD CR 54, NEW PORT RICHEY, FL 34653 US
 Mailing Address: 8038 OLD CR 54, NEW PORT RICHEY, FL 34653 US

2. Principal Place of Business (No P.O. Box #): 2050 TALL PINES DR., SUITE A, LARGO, FL 33771 USA
 3. Mailing Address: 2050 TALL PINES DR., SUITE A, LARGO, FL 33771 USA



03072007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3349760
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BARBER, CHARLES
 1550 S. HIGHLAND AVE. SUITE B
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE: P	NAME: W. J. LATVALA	<input type="checkbox"/> Delete
STREET ADDRESS: 8038 OLD CR 54	CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	
TITLE: S	NAME: LATVALA, CHRISTOPHER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 8038 OLD C.R. 54	CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	
NAME:	STREET ADDRESS:	<input type="checkbox"/> Delete
CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:		
CITY-ST-ZIP:		
NAME:	STREET ADDRESS:	<input type="checkbox"/> Delete
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE:	NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2050 TALL PINES DRIVE	CITY-ST-ZIP: LARGO, FL 33771	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Woodrow J. Latvala 4/24/07 727-545-9566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #