2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #765984



Jan 24, 2008 8:00 am Secretary of State

FILED

1. Entity Nam DIRECT / INC.		AND RESEARCH	TRAINING	G CENTER,				1-24-2008 9	0027 041		23	
C/O JOHN A. CALKINS C/O J 31 4 N.E. 26TH TERRACE POST				ddress N A. CALKINS FFICE BOX 3707 L 33137-791			- I REPUBLICATION STA	h dikin aring seki ding	rin ilu ilu	OJOH BIEN DION	: Likku do chal	
2. Principal Place of Business - No P.O. Box # 3. Mail			3. Mailing	ling Address								
Suite, Apt. #, etc. Su			Suite,	iite, Apt. #, etc.			01162008 C	Chg-NP	CR2E03	7 (12/06)		
City & State Ci			City &	ity & State			4. FEI Number 59-22447	43			oplied For of Applicable	
Zip		Country	Zip		Cour	ntry	5. Certificate of S	Status Desired		8.75 Add ee Required	fitional d	
	6. Name	and Address of Current	Registered /	\gent			7. Name and Ad	dress of New R	egistered A	gent		
CALKING	IOHN A					Name					1	
CALKINS, JOHN A. 314 N.E. 26TH TERRACE MIAMI, FL 33137						Street Address (P.O. Box Number is Not Acceptable)						
						City			6 -1	Zip Code	e	
									<u>FL</u>		_	
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. (yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE												
	Signature, typed	l or printed name of registered agent	t and title if applical	ole. (NOTE:	Registered	Agent signature require	ed when reinstating)		DATE			
	Filing Fe	ne is \$61.25	t and title if applical	9. Election Cam	paign Fi	nancing	\$5.00 May Be		ake check			
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10.	Filing Fe Due by N	ne is \$61.25		9. Election Cam Trust Fund Co	paign Filontributio	nancing	\$5.00 May Be	Flori	ake check da Depart	ment of St	tate	
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CITY-ST-ZIP MIRAMAR FL 33023-2928 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 617, 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:	John A. Rust	1/18/08	305-576-8020
SIGNATUR	AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #