2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 809097

Entity Name: DIRECTORY DISTRIBUTING ASSOCIATES, INC.

Current Principal Place of Business:

160 CORPORATE WOODS CT.
BRIDGETON, MO 63044

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10066
ST LOUIS, MO 631450066

New Mailing Address:

FEI Number: 43-1292935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	RUNK, JOHN W DP	
Address:	8512 STATE RTE C	
City-St-Zip:	SAINTE GENEVIEVE, MO 63670	
Title:	VT	( ) Delete
Name:	SHELTON, MICHAEL L VT	
Address:	17702 LITTLELEAF CT.	
City-St-Zip:	CHESTERFIELD, MO 63005	
Title:	D	( ) Delete
Name:	RUNK, JUDITH A D	
Address:	8512 STATE RTE C	
City-St-Zip:	SAINTE GENEVIEVE, MO 63670	
Title:	D	( ) Delete
Name:	RACKERS, RICHARD D	
Address:	1364 SUMMERGATE	
City-St-Zip:	SAINT CHARLES, MO 63303	
Title:	V	( ) Delete
Name:	SIVORI, STAN V	
Address:	1417 KAITLYN	
City-St-Zip:	KELLER, TX 76240	
Title:	VSD	( ) Delete
Name:	RUNK, JACK W	
Address:	519 REDONDO	
City-St-Zip:	CHESTERFIELD, MO 63017	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	RUNK, JOHN W P	
Address:	8512 STATE RTE C	
City-St-Zip:	SAINTE GENEVIEVE, MO 63670	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RUNK BRYAN, KRISTY D	
Address:	3025 W OAKHAVEN LANE	
City-St-Zip:	SPRINGFIELD, MO 65810	
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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L SHELTON VT 03/17/2005

Electronic Signature of Signing Officer or Director — Date