2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# F00000005691

Entity Name: PROFESSIONAL DIRECT AGENCY, INC.

Current Principal Place of Business:

400 LAZELLE ROAD, SUITE 16
COLUMBUS, OH 43240

New Principal Place of Business:

Current Mailing Address:

400 LAZELLE ROAD, SUITE 16
COLUMBUS, OH 43240

New Mailing Address:

FEI Number: 31-1602422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: DE GORTER, DAVID
Address: 401 S. TRYON
City-St-Zip: CHARLOTTE, NC 428288

Title: SD ( ) Delete
Name: SENSKY, ELIZABETH W
Address: 400 LAZELLE ROAD, SUITE 16
City-St-Zip: COLUMBUS, OH 43240

Title: V ( ) Delete
Name: MULLIS, CAROL
Address: 401 S. TRYON
City-St-Zip: CHARLOTTE, NC 428288

Title: TD ( ) Delete
Name: LADERER, HARR
Address: 401 S. TRYON
City-St-Zip: CHARLOTTE, NC 428288

Title: AVP ( ) Delete
Name: PALMER, JAMES ARRON
Address: 400 LAZELLE RD.
City-St-Zip: COLUMBUS, OH 43240

Title: V ( ) Delete
Name: DAVIS, PATRICIA A
Address: 400 LAZELLE ROAD
City-St-Zip: COLUMBUS, OH 43240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: PATRICIA A. DAVIS VP 03/15/2005

Electronic Signature of Signing Officer or Director Date