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TRANSMITTAL LETTER

TO: Registration Section Division of Corpo		
-	Directions Inc.	
SCHOLET.	(Name of corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application "Certificate of Existence", to transact business in Flor	n by Foreign Corporation for Authorization to Transact Business in Florida", and check are submitted to register the above referenced foreign corporation rida.	
Please return all correspon	dence concerning this matter to the following:	
Susan Sh	arρ	
	(Name of Person)	
Into Direct	(Firm/Company)	
	(Firm/Company)	•
833 Philli	ps Rd	
	(Address)	
Victor Y	14 14564	
	(City/State and Zip code)	
For further information cor	ncerning this matter, please call:	
Sue Shang (Name of Person)	at (585) 924-4110	
(Name of Person)	(Area Code & Daytime Telephone Number)	1
	SSI 13	7
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	() () () () () () () () () ()
Enclosed is a check for the	following amount:	
\$70.00 Filing Fee	\$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Info	Directions, Inc.		<u> </u>				
words or abbre	poration; must include the word "INCORPORATED" eviations of like import in language as will clearly incompartnership if not so contained in the name at pres	ficate that it is a corporation instead					
2. New (State or country	ry under the law of which it is incorporated)	16. 149452 1 (FEI number, if applical	nje)				
4. 1/19/		Repetual puration: Year corp. will cease to exi	,				
6. 2/10/0	03						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)							
7. 833	Phillips Rd Victor	MY 14564					
_ 833	Phillips Rd, Victor	ny 14564					
	(Current mailing address))					
8. 500 Purpose	of billing a rating 304	Avare	ASS 03				
(r arpose	(b) or corporation and (g) made in months satisfor country	y to be carried out in state of Profiles					
9. Name and <u>st</u>	reet address of Florida registered agent: (P.	O. Box or Mail Drop Box <u>NOT</u> a	icceptable) 🚉 📁 👝				
Name:	C T Corporation System		3 AM				
Office Address:	1200 South Pine Island Road,	<u>_</u> , , , , , , , , , , , , , , , , , , ,	SIAN SIAN SIAN SIAN SIAN SIAN SIAN SIAN				
	Plantation,	, Florida 33324	Dπ ω				
	(City)	(Zip code)	. "				
10. Registered	agent's acceptance:						

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> C T Corporation System (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

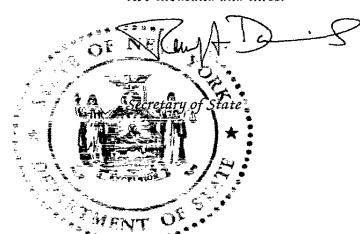
A. DIRI	ECTORS								
Chairman	ı;	<u></u>		<u> </u>	·	<u>* _ ===================================</u>	<u> </u>		
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Director:		.		<u> </u>		<u>, -, -, -, -, -, -, -, -, -, -, -, -, -,</u>	<u> </u>		·
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Director:				<u> </u>			<u> </u>		_
Address:				<u></u>		<u></u>		. t	<u>+</u> - \$1
B. OFF	Donald	Culeton							_
Address:	833 V	illips Rd		<u> </u>		<u></u> <u></u>	<u> </u>	_8_	·
	VICTOR	ny 1456	1	···		<u> </u>]K	2
Vice Presi	ident:		· · ·	<u> </u>	·	<u> </u>	<u></u>	_ 교	
Address:				<u>,</u>		<u> </u>	. 구유 공 <u>구</u> -	9	_ 59;
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Secretary:	1 lebur	ah Culer							<u>_</u>
Address:	833	Phillips Ro	Vic	TON	Ny	14564			_
Treasurer:	<u>Susar</u>	1. Sharp				<u></u>			·
Address:	833	Phillips X	2d V	CICTON	Ny	1456	(<u></u>
	If necessary, yo	ou may attach an addendi	ım to the app	olication list	ing additions	al officers and/or	directors.		
13	(Signatu	ire of Chairman, Vice Ch	airman, or a	ny officer lis	sted in numb	er 12 of the appl	lication)		
14	Susan	L. Sharp				<u></u>	7-4.		 .
		(Typed or printed name a	and capacity	of person si	gning applic	ation)			

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of INFO DIRECTIONS, INC. was filed on 01/19/1996, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of February two thousand and three.



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