

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003247

Entity Name: CMLDIRECT INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

106 S. WASHINGTON
OXFORD, MI 48371

New Principal Place of Business:

26555 EVERGREEN RD.
SUITE 810
SOUTHFIELD, MI 48076

Current Mailing Address:

106 S. WASHINGTON
OXFORD, MI 48371

New Mailing Address:

26555 EVERGREEN RD.
SUITE 810
SOUTHFIELD, MI 48076

FEI Number: 38-3515541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANGER, MAUREEN
1065 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32146 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: MAUREEN SANGER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SANGER, JOHN
Address: 1010 PURITAN
City-St-Zip: BIRMINGHAM, MI 48009

Title: VC () Delete
Name: SANGER, MAUREEN
Address: 1065 RED MAPLE WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32146

Title: D () Delete
Name: LADD, LORI ANN
Address: 3486 W. SUTTON
City-St-Zip: LAPEER, MI 48446

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LORI ANN LADD

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date