2008 FOR PROFIT CORPORATION

Jan 17, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F06000006295 01-17-2008 90020 021 ***150.00 1. Entity Name COMCO DIRECT, INC. Mailing Address Principal Place of Business գլլլլյեսս 306 WEST OVERLY DRIVE 306 WEST OVERLY DRIVE LAKE DALLAS, TX 75065 LAKE DALLAS, TX 75065 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 75-2839402 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1574 VILLAGE SQUARE BOULEVARD **STE 100** TALLAHASSEE, FL 32309 Zip Code FL 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 Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. DATE Signature, typed or printed name of registered argent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President/Director Jumps Gury Paul 6500 Duisy Drive TITLE TITLE Delete NAME CARDER, DAVID MAME 6500 Dansy 218 GLENMERE STREET ADDRESS STREET AUDRESS CITY-ST-ZIP HIGHLAND VILLAGE, TX 75067 CITY-ST-ZIP Delete Addition ☐ Change TITLE PAUL, JOHN GARY NAME MAAAF STREET ADDRESS 6506 DAISY STREET ADDRESS DENTON, TX 76208 CITY-ST-ZIP CITY-ST-ZIP Secretury/Treasurer X Change Addition ☐ Delete TITLE MAGES, DIANE lane Masses NAME HAME 1505 OCEANO DRIVE STREET ADDRESS STREET ADDRESS Ridge Brive CORINTH, TX 76210 CHTY-ST-ZIP CITY-ST-ZIP hairman of the Board / Director Change Addition ☐ Delete TITLE TITLE NAME NAME Melissa Carder 218 Glenmare STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Highland TITLE ☐ Delete ■ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ent with an address. , with all other like empowered.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME STREET AUDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mare SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition