## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000003399

Address:

City-St-Zip:

19576 SATURNIA LAKES DR

BOCA RATON, FL 33498

Entity Name: DIRECTVIEW HOLDINGS, INC

FILED Aug 18, 2009 Secretary of State

Entity Nan	ie: DIRECT	VIEW HOLDINGS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ERVILLE R ON, DE 198	D SUITE 400 808			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
7700 W CAMINO REAL SUITE 403 BOCA RATON, FL 33433			21218 ST. ANDREWS BLVD SUITE 323 BOCA RATON, FL 33433		
FEI Number:	20-5874633	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BOCA RAT	MINO REAL ON, FL 334		roops of shanging its registeres	d office or registered agent or both	
in the State		y submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electro	onic Signature of Registered Agen	t	Date	
		193(2)(b), F.S., the corporation did noting Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	RALSTON, R	RNIA LAKES DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ROBBINS, JE 7700 W CAM BOCA RATON	INO REAL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( RALSTON, M	( ) Delete ICHELE	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ROGER RALSTON C 08/18/2009