2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

| DOCUMENT # H41011 1. Entity Name INFOLISTS, INC. | | | | Secretary of State | | | |
|---|--|--|-----------------------------|--|--|--|--|
| Principal Place of Business Mailing Address 1730 STICKNEY POINT ROAD 1730 STICKNEY POINT ROAD SUITE 200 SUITE 200 SARASOTA, FL 34231-5845 SARASOTA, FL 34231-5845 | | | | | | | |
| | CONTROL CONTRO | | 04112006 | No Chg-P | CR2E034 (| | |
| D | O NOT WRITE | CE | 4. FEI Number 59-2635 | | | Applied For Not Applicable | |
| | 6. Name and Address of Current F | and the second of the second o | 5. Certificate of | of Status Desired | | .75 Additional Required | |
| GRAF, PHILIP R. 1730 STICKNEY POINT ROAD SARASOTA, FL 34231 | | | a secondary | DO IN T | NOT W HIS SP | RITE 'ACE | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its register | ed office or registere | ed agent, or both | n, in the State of Fig | orida. I am fami | liar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE. Registers | ed Agent signature required | when reinstating) | <u> </u> | DATE | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 | Selection Campaign Final Trust Fund Contribution. | ncing \$5. | .00 May Be ed to Fees | | | |
| 10. | OFFICERS AND C | DIRECTORS | | and the second of the second o | and has signed as a little of the second | marin i din rainsan rins | - 1 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | DPS GRAF, PHILIP R. 1730 STICKNEY POINT ROAD SARASOTA, FL | · | | | U00000 05/09/06 | 0539786 -80115-0 | 01 150.00 |
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| NAME STREET ADDRESS CITY-ST-ZIP | | | | INT | THIS SF | ACE | |
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| NAME STREET ADDRESS CITY-ST-ZIP | pertily that the information supplied with | thin (III)— dopped explife for the out | and love contained | 77.7.7.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | Dorlda Statuto | er for i ar i know i know i se | <u> </u> |

12. Thereby 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 changed, or on an attachment with an address, with a pitter like empowered.

SIGNATURE:

E AND TYPED OR PRINCIPLE NAME OF SIGNING OFFICER OR DIRECTOR

1 4-20-06

94/92/5455 Dayline Phone #