2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 12, 2004 08:00 AM DOCUMENT # J31570 **Secretary of State** 1. Entity Name DIRECT MAIL PRODUCTIONS, INC. Principal Place of Business Mailing Address 340 SCARLET BOULEVARD 340 SCARLET BOULEVARD OLDSMAR, FL 34677 OLDSMAR, FL 34677 No Chg-P 01082004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2721187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HUG, JAMES M. DO NOT WRITE 340 SCARLET BLVD. OLDSMAR, FL 34677 IN THIS SPACE 5. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HUG, JAMES M. STREET ADDRESS 3565 JUSTIN DRIVE CITY-ST-ZP PALM HARBOR, FL 34685 BRE U00000003311 NAME 01/13/04-80050-025 15N_M STREET ADDRESS CITY-ST-ZIP 331 F STREET ADDRESS DO NOT WRITE CITY-ST-ZP BILE IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZP TITLE SSSSSF STREET ADDRESS CITY-ST-ZP TITLE RADE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ampowered to execute this propriate required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tiple empowered.

G OFFICER OR DIRECTOR

FILED

1-8-04