2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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FILED Feb 09, 2006 8:00 am

Secretary of State

02-09-2006 90148 016 ****50.00

DIRECT MAIL SYSTEMS, PHILANTHROPIC GROUP, Principal Place of Business Mailing Address SUMMOSTY 12450 AUTOMOBILE BLVD. 12450 AUTOMOBILE BLVD. CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 59-1897733 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILKINSON, G. BARRY Street Address (P.O. Box Number is Not Acceptable) 696 FIRST AVENUE NORTH, SUITE 201 ST. PETERSBURG, FL 33701 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. TITLE TITLE ☐ Delete ☐ Change ☐ Addition DIRECT MAIL SYS, INC/ GARY R. MULLER NAME 12450 AUTOMOBILE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP TITLE -Delete TITLE ☐ Change f ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIRE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the stee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with indicated on this report is true and a limited liability company or the receive

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-4-2006