


**FILED**  
 Sep 08, 2006 8:00 am  
 Secretary of State

09-08-2006 90043 003 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L0500087100</b> 1. Entity Name <b>DIRECT HIT MARKETING &amp; DESIGN, LLC</b>		
Principal Place of Business 12788 W. FOREST HILL BOULEVARD SUITE 1003 WELLINGTON, FL 33414		Mailing Address 12788 W. FOREST HILL BOULEVARD SUITE 1003 WELLINGTON, FL 33414
E. Principal Place of Business 12794 W. FOREST HILL BLVD, Suite, Apt. #, etc. 31		S. Mailing Address 12794 W. FOREST HILL BLVD Suite, Apt. #, etc. 31
City & State WELLINGTON, FL.		City & State WELLINGTON, FLORIDA
Zip 33414 Country PALM BEACH		Zip 33414 Country PALM BEACH
8. Name and Address of Current Registered Agent MANNING, BARRY 12788 W. FOREST HILL BOULEVARD SUITE 1003 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
9. 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: _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____		
Filing Fee is \$50.00 Due by September 8, 2006		State check payable to Florida Department of State
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES ADDRESS
TITLE NAME MGRM MANNING, JOSHUA STREET ADDRESS 12788 W. FOREST HILL BOULEVARD, SUITE 1003 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 12794 W. FOREST HILL BLVD, SUITE 31 STREET ADDRESS WELLINGTON, FL. 33414 CITY-ST-ZIP
TITLE NAME MGRM BLATTE, LEW STREET ADDRESS 12788 W. FOREST HILL BOULEVARD, SUITE 1003 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 12794 W. FOREST HILL BLVD, SUITE 31 STREET ADDRESS WELLINGTON, FL. 33414 CITY-ST-ZIP
TITLE NAME MGRM ROCKWELL, AMY STREET ADDRESS 12788 W. FOREST HILL BOULEVARD, SUITE 1003 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 12794 W. FOREST HILL BLVD SUITE 31 STREET ADDRESS WELLINGTON, FL. 33414 CITY-ST-ZIP
TITLE NAME MGRM MANNING, BARRY STREET ADDRESS 12788 W. FOREST HILL BOULEVARD, SUITE 1003 CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME 12794 W. FOREST HILL BLVD, STREET ADDRESS WELLINGTON, FL. 33414 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: _____ SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		9.4.06 561.793.7606 Date Daytime Phone #

40103420



07072008 Chg-LLC CR2E063 (11/06)

4. FEI Number 20-3492615 Applied For Not Applicable

9. Certificate of Status Desired  \$5.00 Additional Fee Required

AUTOMATED DIRECT MAIL 002/002  
**ATTACHMENT** 40103420  
#LD5000087100

USPS, Palms West Branch  
 ROYAL PALM BEACH, Florida  
 334119998  
 1169180135-0096  
 (800)275-8777    11:46:31 AM  
 07/10/2008

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Sales Receipt  
 Product    Sale    Unit    Final  
 Description Qty    Price    Price

Permit Imprint  
 Account Number: 1946  
 Customer Name: automated direct mail  
 Address:  
 Amount of Deposit: \$1,683.51  
 Total: \$1,683.51

Paid by:  
 Personal Check \$1,683.51

Bill #: 1000402256373  
 Clerk: 04    #1234

Name and Address of Mailing Agent (If other than permit holder) Automated Direct Mail 3892 Prospect Ave. Riviera Beach FL 33448		Telephone ( ) - Extension	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) Washington Magazine 12280 Fortuit Hill Blvd, #114 Washington FL 33414
DUN & Bradstreet No.		DUN & Bradstreet No.	
Mailing Date 7/07/2008	Fed. Agency Court Code	Statement Bag No. 1888A	Nn. of Containers 1' AM Trays 2' AM Trays 2' ENM Trays Total Trays
Weight of a Single Piece 0.7613 pounds		Total Pieces 2,764	Total Weight 2,101.7002
Another Class and Printed Matter with Mail	Is Sacked, based on ( ) Parcel Post ( ) 128 pcs ( ) 15 lbs ( ) Both	Total Weight	Sacks Pallets Other
Priority, Enter Date of Day and Coding (DMM 708.3.3)	For 2nd Class Pieces, Enter Date of Carrier Route Sequencing (DMM 249.3.4.4.4)	Domestic Address Labels (DMM 602.4)	
7/07/2008		[ ] Yes [X] No	

B [ ] C [X] D [ ] E [ ] F [ ] G [ ] H [ ] I [ ] J [ ] K [ ] L [ ] M [ ] N [ ]

<b>Total Postage (Add Parts Totals)</b>	1,683.51
<b>Postage Affixed</b>	
<b>Postage Due (Subtract postage affixed from total postage)</b>	



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Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone
		Extension



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 Thank you for your business.  
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C E R T I F I C A T I O N