2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # M79386 1. Entity Name SOUTHWEST DIRECT, INC.				03-12-200	7 90375 004 ***150.00
Principal Place of Business 2129 ANDREA LANE FORT MYERS, FL 33912 US		Mailing Address 2129 ANDREA LANE FORT MYERS, FL 33912 US		40034523	
TOTAL TIEST STATE OF THE STATE			55		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282007 Chg-P	CR2E034 (12/06)
City & State		City & State		4. FE! Number 65-0053670	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current	Registered Agent	L	7. Name and Address of New R	
CORRENTI, ANTHONY D 8516 VIA LUNGOMARE CIR, #203 ESTERO, FL 33928 PARTHONY D. Correnct Street Address (P. Box Number is Not Acceptable) 21/79 I Solo Verdi Way City Estero FL Zip Goge					Way FL Zip 28928
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 Signature, typed or prifited name or registered agent and bide if applicable. (NO E: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE	P	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	CORRENTI, ANTHONY D. 2129 ANDREA LANE		NAME STREET ADDRESS		
CITY-ST ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	GRAZYNA, CORRENTI U. 2129 ANDREA LAEN		NAME STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	, -	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		Change Addition
NAME		···	NAME		• -
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
	I	th this filling does not qualify for		ained in Chapter 119, Florida Statutes.	further certify that the information
12. I hereby certify that the information supplied with this filling 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 by 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 all other like empowered.					
SIGNATURE: MALE OF SIGNING OFFICER OF DIRECTOR CEO Date Destroy Proper 1					