2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N08000006133

Entity Name: DIERECTIONS, INC.

Current Principal Place of Business:

1561 CRABAPPLE COVE COURT NORTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1561 CRABAPPLE COVE COURT NORTH
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-3128958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIBBS-TOLBERT, LOUTRICIA
1561 CRABAPPLE COVE COURT NORTH
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TOLBERT, CHARLES	
Address:	1561 CRABAPPLE COVE COURT NORTH	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	GIBBS-TOLBERT, LOUTRICIA	
Address:	1561 CRABAPPLE COVE COURT NORTH	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	REAVES, DONNA	
Address:	11005 CHALLEUX DRIVE S	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	D	( ) Delete
Name:	WILLIAMS-GIBBS, AILEEN	
Address:	4659 ASTRAL STREET	
City-St-Zip:	JACKSONVILLE, FL 32205	
Title:	D	(X) Delete
Name:	LEWIS, TINA	
Address:	3601 KERNAN BLVD. #722B	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	D	( ) Delete
Name:	JACKSON, DEBORAH	
Address:	218 W 16TH STREET	
City-St-Zip:	JACKSONVILLE, FL 32206	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH B JACKSON TREA 05/04/2009

Electronic Signature of Signing Officer or Director — Date