

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064474

FILED
Apr 24, 2006
Secretary of State

Entity Name: GILBERT DIRECT MARKETING, INC.

Current Principal Place of Business:

6189 VISTA LINDA LANE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6189 VISTA LINDA LANE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-1022887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, SARA LIF
6189 VISTA LINDA LANE
BOCA RATON, FL 33433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILBERT, JAMES W
Address: 6189 VISTA LINDA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: DV () Delete
Name: GILBERT, SARA LIF
Address: 6189 VISTA LINDA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: GILBERT, STEPHEN
Address: 4785 S CITATION DRIVE APT 101
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GILBERT, STEPHEN
Address: 10927 DOLPHIN PALM COURT B
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA LIF GILBERT

DV

04/24/2006

Electronic Signature of Signing Officer or Director

Date