2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085936

Entity Name: DTS DIRECT MAIL AND FULFILLMENT SERVICES, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	-				
	MI LAKES DRIVI KES, FL 33014	<u> </u>			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
200 CIRCLE CIRCLE PISCATAWAY, NJ 08854			200 CIRCLE DR NORTH PISCATAWAY, NJ 08854		
FEI Number	: 22-3754570	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	f New Registered Agent:	
5800 MIAÑ	, DERMOT SR MI LAKES DRIVI KES, FL 33014	E US			
The above in the State	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () STONACK, TERI 86-53 VIA REAL BOCA RATON, F	E #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () DEOCHAN, SHIF 2135 NORMAND MIAMI BEACH, F	DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () ZAMMIT, CHARL 375 GURLEY AV STATEN ISLAND	'ENUE	Title: T Name: ZAMMIT, CH Address: 7 DRUMMON City-St-Zip: MONROE, N	ND WAY	
Title: Name: Address: City-St-Zip:	S () CERESA, DONN 2433 5TH STRE EAST MEADOW	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAWANA BLACKMON MGR 04/29/2008