



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000048461 1. Entity Name 911 DIRECT INC.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAY -9 PM 2:06	
Principal Place of Business 3116 CAPITAL CIR NE STE 8 TALLAHASSEE, FL 32309		Mailing Address 3116 CAPITAL CIR NE STE 8 TALLAHASSEE, FL 32309			
2. Principal Place of Business 3201 Shamrock S Suite, Apt. #, etc. 103		3. Mailing Address 3201 Shamrock S Suite, Apt. #, etc. 103			
City & State Tall, FL		City & State Tall, FL		05092006 Chg-P CR2E034 (11/05)	
Zip 32309		Country USA		4. FEI Number 59-3730154	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POUGH, ROBERT F 4404 WESTOVER DR TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1571 Stone Rd # 7A City Tall FL Zip Code 32303		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME POUGH, ROBERT F STREET ADDRESS 1571 STONE RD #7A CITY-ST-ZIP TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE 500075112025 NAME 05/24/06--01005--025 STREET ADDRESS **150.00 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 to 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					