

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|--|-----------------------|---------------------|--|---|--|---|--|
| DOCUMENT # P01000048461 1. Entity Name 911 DIRECT INC. | | | |  | | FILED 2008 JUN 24 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3201 SHAMROCK SOUTH STE 103 TALLAHASSEE, FL 32309 | | | | Mailing Address 3201 SHAMROCK SOUTH STE 103 TALLAHASSEE, FL 32309 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| POUGH, ROBERT F 1571 STONE RD #7A TALLAHASSEE, FL 32303 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL Zip Code | | | |
| 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 12, 2008 | | | | 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 | | | TITLE | | | |
| NAME | POUGH, ROBERT F | | | NAME | | | |
| STREET ADDRESS | 1571 STONE RD #7A | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | | | CITY-ST-ZIP | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE | | | | TITLE | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| <input type="checkbox"/> Delete | | | | <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: _____ | | | | Date: <u>6/24/08</u> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # _____ | | | |