## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

	THE PERSON NAME OF	SPI OILI			Secre	tury o.	State
DOCUMENT # P02000047130  1. Entity Name DIRECT COMMUNICATIONS OF USA CORP.							
52B1 THRO	se at Business UGHBRED LANE S, FL 33330	Mailing Address 5281 THROUGHBRED LANE SIV RANCHES, FL 33330	:		S 88UU 88UU 88UU 8888 88UU 88U	14 <b>BB</b> 011 <b>B18</b> 11 18 <b>BB</b> 7 17	<b>255</b> im <b>25</b> / <b>42</b> 1 ii ( <b>24</b> /
E	OO NOT WRITE	IN THIS SPA	CE	04252008 4. FEI Numb 01-069		CR2E034	
	6. Name and Address of Current Rep D FAISAL OUGHBRED LANE CHES, FL 33330	DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the lons of registered agent.	e purpose of changing its registere	( ed office ar register	red agent, or bo	th, in the State of Flo	vida. 1 am fami	liar with, and accept
FIL	Signature, typed or printed name of registered agent end of the Section of the Se	d Agent signature required to the signature	.00 May Be led to Fees	U00000 05/16/96-	555491 80033 <b>-</b> 02	23 150 m	
	05710500 1110 1110						. <del></del>
10.  IIILE  NAME  STREET ADDIESS  CITY-ST-ZIP	OFFICERS AND DIF D ALI, SYED FAISAL 5281 THROUGHBRED LANE SW RANCHES, FL 33330	ECTORS					
DILE NAME STREET ADDRESS CITY-ST-ZIP							
((ice name street address city-st-zip				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	ACE	
TITLE NAME SIBLET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. 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 eath; 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

#24406 Date

Daytime Phone #