

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055600

FILED
Jan 10, 2007
Secretary of State

Entity Name: DIREC-TEL MARKETING SOLUTIONS, INC.

Current Principal Place of Business:

22 FOREST RD
ESSEX JCT, VT 05452

New Principal Place of Business:

Current Mailing Address:

PO BOX 8562
ESSEX JCT, VT 05451

New Mailing Address:

FEI Number: 30-0078146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, BETH A
1418 SE 21ST TER
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

RYAN, BETH A
22 FOREST RD
ESSEX JCT, FL 05452 US

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: BETH RYAN

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, BETH A
Address: 22 FOREST RD
City-St-Zip: ESSEX JCT, VT 05452

Title: D () Delete
Name: FISCHER, ELIZABETH T
Address: 5599 COGNAC DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: FISCHER, CHARLES C
Address: 5599 COGNAC
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: JACOBSON, SCOTT D
Address: 22 FOREST RD
City-St-Zip: ESSEX JCT, VT 05452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BETH RYAN

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date