2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000072719

1. Entity Name
DATA DIRECT IT SERVICES, INC.

Principal Place of Business	Mailing Address
1172 SW 1ST TERRACE DEERFIELD BEACH, FL 33441	1172 SW 1ST TERRACE DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

03182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3870865	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EARHART, LISA
1820 SE 2ND STREET
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

0000000872175
04/10/08-80027-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	O'BRIEN, JENNIFER
STREET ADDRESS	44622 N 20TH STREET
CITY-ST-ZIP	NEW RIVER, AZ 85087

TITLE	VP
NAME	EARHART, LISA
STREET ADDRESS	1820 SE 2ND STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Lisa Earhart_   Lisa Earhart VP   3/18/08   954.427.3542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #