2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# P03000026603

Entity Name: NOVEMBER DIRECT, INC.

Current Principal Place of Business:

5507 N MILITARY TRAIL APT 411
BOCA RATON, FL 33496

New Principal Place of Business:

17569 WEEPING WILLOW TRAIL
BOCA RATON, FL 33487 US

Current Mailing Address:

5507 N MILITARY TRAIL APT 411
BOCA RATON, FL 33496

New Mailing Address:

17569 WEEPING WILLOW TRAIL
BOCA RATON, FL 33487

FEI Number: 71-0936586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOVEMBER, MICHAEL D
5507 N MILITARY TRAIL APT 411
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

NOVEMBER, MICHAEL D
17569 WEEPING WILLOW TRAIL
BOCA RATON, FL 33487 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: 05/25/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NOVEMBER, MICHAEL D
Address: 5507 N MILITARY TRAIL APT 411
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: NOVEMBER, MICHAEL D
Address: 17569 WEEPING WILLOW TRAIL
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL D. NOVEMBER O 05/25/2005
Electronic Signature of Signing Officer or Director Date