

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034879

Entity Name: MASS MAIL DIRECT, INC.

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

1703 NW MADRID WAY
BOCA RATON, FL 33432 US

New Principal Place of Business:

1155 S CONGRESS AVE STE 8
DELRAY BEACH, FL 33445 US

Current Mailing Address:

P.O. BOX 812153
BOCA RATON, FL 33481 US

New Mailing Address:

FEI Number: 11-3682709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBISON, LINDA R
6450 PINE AVE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, TREVOR A
Address: 7200 NW 2ND AVE #49
City-St-Zip: BOCA RATON, FL 33487 US

Title: S (X) Delete
Name: SCHMIDT, NICOLE A
Address: 7200 W 2ND AVE #49
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TREVOR SCHMIDT

P

03/08/2006

Electronic Signature of Signing Officer or Director

Date