

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000034879

Entity Name: MASS MAIL DIRECT, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

1020 HOLLAND DR STE 113  
BOCA RATON, FL 33487 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 (X)

## **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

## **OFFICERS AND DIRECTORS:**

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

Title: S  
Name: SCHMIDT, NICOLE A  
Address: 7200 NW 2ND AVE APT 49  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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 all other like empowered.

SIGNATURE: TREVOR SCHMIDT

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date