

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035612

FILED  
Sep 06, 2010  
Secretary of State

Entity Name: CIRCULATION DEPARTMENT, INC.

## Current Principal Place of Business:

819 PEACOCK PLAZA  
STE 560  
KEY WEST, FL 33040

## New Principal Place of Business:

819 PEACOCK PLAZA  
STE 560  
KEY WEST, FL 33040 US

## Current Mailing Address:

819 PEACOCK PLAZA  
STE 560  
KEY WEST, FL 33040

## New Mailing Address:

819 PEACOCK PLAZA  
SUITE 560  
KEY WEST, FL 33040 US

FEI Number: 20-8698279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOGOEFF, JAMES A SR  
819 PEACOCK PLAZA #560  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

BOGOEFF, JAMES A SR  
819 PEACOCK PLAZA  
SUITE 560  
KEY WEST, FL 33040 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:

09/06/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: BOGOEFF, JAMES A SR.  
Address: 819 PEACOCK PLAZA #560  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: BOGOEFF, DENISE  
Address: 819 PEACOCK PLAZA #560  
City-St-Zip: KEY WEST, FL 33040

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: JAMES A BOGOEFF SR

P

09/06/2010

Electronic Signature of Signing Officer or Director

Date