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2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT # P03000109037** 03-06-2006 90036 001 ***150.00 EXPRESS DIRECTION, INC. 03-06-2006 90036 002 *****5.00 Mailing Address Principal Place of Business 1211 N WESTSHORE BLVD STE SOP 1211 N WESTSHORE BLVD STE 501 TAMPA, FL 33607 5100 W. Lemon St. TAMPA, FL 33607 Tampay FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02162006 Cha-P City & State City & State 4. FEI Number Applied For 20-0330828 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ठ्य 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name , WATERS, CODY W 501 E KENNEDY BLVD STE 1700 TAMPA, FL 33602 Stacey Whidden Street A 450, 5100 W. Lemon St.-Suite 109 Tampa, FL 33609 City 7 8. The above name ats this statement for the purpose of changing its registered office or the obligations of (NOTE: Registered Agent signature required when remototing \$5.00 мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete me ☐ Change TITLE WHIDDEN, STACEY L NAME NAME 500 W. Lemon St. Suik #109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336079 CITY-ST-ZIP TITLE Delate TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY ST. ZIP DITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP IIITE Delete TILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 truster-ampowered to exercise this report as required by Chapter 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SHERING OFFICER OR DIRECTOR