

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 043 ***158.75

DOCUMENT # P03000138159 1. Entity Name PACT DIRECT ENTERPRISE, INC.																	
Principal Place of Business 1510 LATHAM RD. SUITE 10 SUITE 10 WEST PALM BEACH, FL 33409			Mailing Address 3440 CANTEEN CT LAND O LAKES, FL 34639														
2. Principal Place of Business		3. Mailing Address															
Suite, Apt. #, etc.		Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent													
STEELE, CECIL R 1550 LATHAM RD. SUITE 10 LAND O LAKES, FL 34639				Name _____ Street Address (P.O. Box Number's Not Acceptable) _____ City _____ FL Zip Code _____													
8. 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. I am familiar with, and accept the obligations of registered agent.																	
SIGNATURE _____ Signature of the registered agent or the person who is changing the registered agent or the person who is changing the registered office.																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 60%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	STREET ADDRESS	CITY, ST, ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 60%; padding: 2px;">NAME</td> <td style="width: 10%; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY, ST, ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with another, he empowered.																	
SIGNATURE: <u>Cecil R Steele</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	