

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062050

Entity Name: RIGHT DIRECTION, INC.

FILED  
Apr 15, 2007  
Secretary of State

**Current Principal Place of Business:**

5656 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5656 STRAWBERRY LAKES CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-0252835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEWART, JAYNE M  
1801 SOUTH FEDERAL HIGHWAY  
SUITE 238  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

STEWART, JAYNE M  
1801 SOUTH FEDERAL HIGHWAY  
SUITE 218  
DELRAY BEACH, FL 33483 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTC ( ) Delete  
Name: ROCKETT, JAMES M  
Address: 5656 STRAWBERRY LAKES CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: SD ( ) Delete  
Name: STEWART, JAYNE M  
Address: 1801 SOUTH FEDERAL HIGHWAY SUITE 238  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: JACK, BARBARA  
Address: 806 DATE PALM  
City-St-Zip: LARGO, FL 33778

Title: VMD ( ) Delete  
Name: ROCKETT, NANCY L  
Address: 5656 STRAWBERRY LAKES CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: STEWART, JAYNE M  
Address: 1801 SOUTH FEDERAL HIGHWAY SUITE 218  
City-St-Zip: DELRAY BEACH, FL 33483

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: JAMES M ROCKETT

Electronic Signature of Signing Officer or Director

PTCD

04/15/2007

Date