


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90086 004 ***558.75

DOCUMENT # P04000166946 1. Entity Name SOURCE DIRECT INTERNATIONAL, INC.		
Principal Place of Business 3036 OAK FOREST DR. NORTH CLEARWATER, FL 33759 US		Mailing Address 3036 OAK FOREST DR. NORTH CLEARWATER, FL 33759 US
2. Principal Place of Business - No P.O. Box # 715 Wesley Ave Suite, Apt. #, etc.	3. Mailing Address 715 Wesley Ave Suite, Apt. #, etc.	
City & State Tarpon Springs, FL Zip 34689	City & State Tarpon Springs, FL Zip 34689	Country USA
4. FEI Number 34-2026937		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MANDELABUM AND FITZSIMMONS, P.A. 201 NORTH FRANKLIN STREET 2720 TAMPA, FL 33602		7. Name and Address of New Registered Agent OLDER - HUNDY (MATHEW L. FELIX) Street Address (P.O. Box Number is Not Acceptable) 3014 W. PALMIRA AVE SUITE 301 City TAMPA FL Zip Code 33639
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 <u><i>Matthew L. Felix</i></u> DATE <u>7/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
.FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME BRESEE, ROBERT A STREET ADDRESS 3036 OAK FOREST DR. NORTH CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BRESEE, DEBBIE L STREET ADDRESS 3036 OAK FOREST DR. NORTH CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/10/07</u> Daytime Phone #