2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086941

Address:

City-St-Zip:

7708 HEYWARD CIRCLE

UNIVERSITY PARK, FL 34201

Entity Name: LISTING SERVICES DIRECT. INC

FILED Mar 28, 2008 Secretary of State

Entity Na	me: LISTING	SERVICES DIRECT, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1435 E. VENICE AVE., UNIT 202 VENICE, FL 34292				7708 HEYWARD CIRCLE UNIVERSITY PARK, FL 34201	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1435 E. VENICE AVE., UNIT 202 VENICE, FL 34292				7708 HEYWARD CIRCLE UNIVERSITY PARK, FL 34201	
FEI Number	: 20-3006535	FEI Number Applied For()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
KELLER, KANO 5012 SOUTHERN PINE CIRCLE VENICE, FL 34293 US				KELLER, KANO 7708 HEYWARD CIRCLE UNIVERSITY PARK, FL 34201 US	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				03/28/2008	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (X) KELLER, KANC 5012 SOTHERN VENICE, FL 34	I PINE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X) DWORSKY, FR 1125 KINGS W NOKOMIS, FL	AY DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	P () BURKE MICHA	Delete FLR	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL BURKE P 03/28/2008