2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136018

Entity Name: AGENT DIRECT NEWS, INC.

FILED Jan 05, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

518 N. TAMPA STREET 412 EAST MADISON ST SUITE 220 SUITE 815

TAMPA, FL 33602 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

518 N. TAMPA STREET 412 EAST MADISON ST SUITE 220 SUITE 815

TAMPA, FL 33602 TAMPA, FL 33602

FEI Number: 76-0801487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHERRY, MATHEW M
518 N. TAMPA STREET
SUITE 220
TAMPA, FL 33602 US

CHERRY, MATHEW M
412 EAST MADISON ST
SUITE 815
TAMPA, FL 33602 US

CHERRY, MATHEW M
412 EAST MADISON ST
SUITE 815
TAMPA, FL 33602 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: 01/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: P/D (X) Change () Addition

Name: CHERRY, MATHEW Name: CHERRY, MATHEW
Address: 518 N. TAMPA STREET, SUITE 220 Address: 412 EAST MADISON ST SUITE 815

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

жу-бедір. Таміга, г. 20002 — біту-бедір. Таміга, г. 2000

Name: CHERRY, MATHEW Name: CHERRY, MATHEW

Address: 518 N. TAMPA STREET, SUITE 220 Address: 412 EAST MADISON ST SUITE 815

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

Name: CHERRY, MATHEW Name: CHERRY, MATHEW

Address: 518 N. TAMPA STREET, SUITE 220 Address: 412 EAST MADISON ST SUITE 815

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

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: MATHEW CHERRY P/D 01/05/2007