


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90015 020 \*\*\*150.00

<b>DOCUMENT # P06000000763</b>	
1. Entity Name <b>FACTORY DIRECT MARKETING INC.</b>	

Principal Place of Business <b>3909 SE 11TH PL. CAPE CORAL, FL 33904 US</b>	Mailing Address <b>3909 SE 11TH PL. CAPE CORAL, FL 33904 US</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>510 KEENAW AVE</b>	3. Mailing Address <b>510 KEENAW AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT. MYERS FL</b>	City & State <b>FT. MYERS FL</b>
Zip <b>33910</b>	Country <b>USA</b>
Zip <b>33919</b>	Country <b>USA</b>

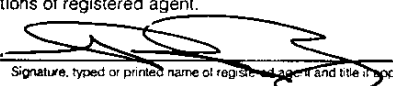


03082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  <b>PERRY, ROBERT C 3909 SE 11TH PL CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent  <b>Robert C. Perry 510 Keenan Ave. Ft. Myers, FL 33919</b>	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	

4. FEI Number <b>20-4033988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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  **PRES. ROBERT C PERRY** **3-8-07**  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PERRY, ROBERT C 3909 SE 11TH PL CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>510 KEENAW AVE FT. MYERS FL 33919</b> <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
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
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
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
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 