2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# P06000145578

Entity Name: THE DIRECT LEADERS, INC

Current Principal Place of Business:

1815 SAND ARBOR CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

801 W S.R. 436
2209
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1815 SAND ARBOR CIRCLE
ORLANDO, FL 32824

New Mailing Address:

801 W S.R. 436
2209
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-5922293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOB, DELNITA
1815 SAND ARBOR CIRCLE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

MAY, LUELLA L VP
801 W S.R. 436
2209
ALTAMONTE SPRINGS, FL 32714 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: LUELLA 03/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: BOB, DELNITA
Address: 1815 SAND ARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: D,VP ( ) Delete
Name: MAY, LUELLA L
Address: 851 VISTA DRIVE
City-St-Zip: DUNDEE, FL 32798

Title: S,T, (X) Delete
Name: BLACKMON, TAVION
Address: PO BOX 526
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLACKMON, TAVION D PRES.
Address: PO BOX 529
City-St-Zip: ZELLWOOD, FL 32798

Title: D,VP (X) Change ( ) Addition
Name: MAY, LUELLA L VP
Address: 851 VISTA DRIVE
City-St-Zip: DUNDEE, FL 32798

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: LUELLA D,VP 03/16/2007
Electronic Signature of Signing Officer or Director Date