2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000032685** 03-26-2008 90025 036 ***158.75 1. Entity Name PALM TREES DIRECT, INC. Principal Place of Business Mailing Address 6625 DARTMOUTH AVE N 6625 DARTMOUTH AVE N ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 2. Principal Place of Business - No P.O. Box # 3225 Tyrone Blvd. 3225 Turone 03242008 CR2E034 (12/06) City & State 4. FEI Number 20 - 8951234 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINN, GREGORY D 6625 DARTMOUTH AVE N ST. PETERSBURG, FL 33710 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VP TITE F ☐ Delete TITI F Change Change ☐ Addition Demarest, william DEMAREST, WILLIAM NAME NAME STREET ADDRESS 6625 DARTMOUTH AVE N STREET ADDRESS 25 Tyrone Blvd CITY-ST-7IP ST. PETERSBURG, FL 33710 City-St-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete . Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not goalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied enter that I am an officer or director of the corporation or the receiver for trustee employered 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 employeered.

FILED