2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P23623

Entity Name: SELL-THRU SERVICES, INC.

Current Principal Place of Business:

4807 SPICEWOOD SPRINGS RD.
BLDG.3, STE. #3120
AUSTIN, TX 78759 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 201627
ATTN LAURA DAVIS
AUSTIN, TX 78720 US

New Mailing Address:

4807 SPICEWOOD SPRINGS RD.
BLDG.3, STE. #3120
AUSTIN, TX 78759 US

FEI Number: 74-2482299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: LUSHER, TED
Address: 4807 SPICEWOOD SPRINGS RD STE 3120
City-St-Zip: AUSTIN, TX 78759

Title: S ( ) Delete
Name: SCHWEERS, VALERIE
Address: 4807 SPICEWOOD SPRINGS RD STE 3120
City-St-Zip: AUSTIN, TX 78759

Title: T ( ) Delete
Name: LUSHER, KIMBERLY
Address: 4807 SPICEWOOD SPRINGS RD STE 3120
City-St-Zip: AUSTIN, TX 78759

Title: D ( ) Delete
Name: EDWARDS, WAYNE
Address: 3501 BONNELL CT.
City-St-Zip: AUSTIN, TX 78731

Title: D ( ) Delete
Name: JOHNSON, BLAINE
Address: 4807 SPICEWOOD SPRINGS RD STE 3120
City-St-Zip: AUSTIN, TX 78759

Title: P ( ) Delete
Name: LUSHER, CHRISTOPHER
Address: 4807 SPICEWOOD SPRINGS RD STE 3120
City-St-Zip: AUSTIN, TX 78759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KIMBERLY LUSHER T 05/01/2008

Electronic Signature of Signing Officer or Director Date