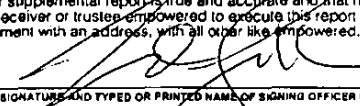


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-05-2007 90049 045 ***150.00

DOCUMENT # P93000028633 1. Entity Name ANCHOR DIRECT, INC.			
Principal Place of Business 450 FAIRWAY DR. SUITE 205 DEERFIELD BEACH, FL 33441 US		Mailing Address C/O BREVDA & CO, CPA'S 8200 W. SUNRISE BLVD. D-2 PLANTATION, FL 33322	
2. Principal Place of Business - No P.O. Box # Anchor Direct, Inc.		3. Mailing Address 6000 Fairway Dr	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc. 	
City & State Deerfield Beach		City & State Florida	
Zip 33441		Country 	
4. FEI Number 65-0421600		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREVDA, PAUL 8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME SCHENKER, LEONARD STREET ADDRESS 550 ALEXANDER PALM ROAD CITY - ST - ZIP BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  LEONARD SCHENKER 3/16/07 954-428-2270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66007124



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