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Secretary of State
03-05-2007 90049 045 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000028633

1. Entity Name
ANCHOR DIRECT, INC.

Principal Place of Business	Mailing Address
450 FAIRWAY DR. SUITE 205 DEERFIELD BEACH, FL 33441 US	C/O BREVDA & CO, CPA'S 8200 W. SUNRISE BLVD. D-2 PLANTATION, FL 33322

66007124

01292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Anchor Direct, Inc.	600 Fairway Dr
Suite, Apt. #, etc.: Suite 205	Suite, Apt. #, etc.:
City & State: Deerfield Beach	City & State: Florida
Zip: 33441 Country:	Zip: 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	7. Name and Address of New Registered Agent
BREVDA, PAUL 8200 W. SUNRISE BLVD. SUITE D-2 PLANTATION, FL 33322	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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHENKER, LEONARD 550 ALEXANDER PALM ROAD 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 PRES. 3/16/07 954-428-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #