


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000094993

1. Entity Name
MULTI DIRECTORIES, INC.



Principal Place of Business Mailing Address

1348 PETERS DR
LEESBURG, FL 34748 US

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LEESBURG, FL 34748 US



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0627722

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OLIVE, URSULA
1348 PETERS DR
LEESBURG, FL 34748

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVE, URSULA R 1348 PETERS DR LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENATE, OLIVE L 95 FORSYTHE ST SW #5D ATLANTA, GA 30303
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02/22/06-80022-019 150.00

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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: Ursula Olive 2-6-06

SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR Date Daytime Phone #