

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90095 044 ***150.00

DOCUMENT # P96000033317
 1. Entity Name
 DIRECT DIGITAL IMAGING, INC.



Principal Place of Business Mailing Address
 3260 DUNDEE ROAD 3260 DUNDEE RD
 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

40010300



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3385181 Not Applicable

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

6. Name and Address of Current Registered Agent
 DANLEY, LARRY K
 3250 DUNDEE ROAD
 WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent
 Name Larry K. Danley
 Street Address (P.O. Box Number is Not Acceptable)
 3260 Dundee Road
 City Winter Haven FL Zip Code 33884

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]* (NOTE: Registered Agent signature required when reinstating) DATE

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 | PD DANLEY, LARRY K 3260 DUNDEE RD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DANLEY, JACQUELYN C 3260 DUNDEE RD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 *[Signature]*