

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068633

Entity Name: L2D2 DIRECT, INC.

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

6860 GULFPORT BLVD
345
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

6860 GULFPORT BLVD
345
ST. PETERSBURG, FL 33707 US

New Mailing Address:

6860 GULFPORT BLVD
345
SO. PASADENA, FL 33707 US

FEI Number: 59-3383780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFAIR, LYNDIA J
6860 GULFPORT BLVD
SOUTH #345
ST. PETERSBURG, FL 33707 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: P () Delete
Name: LAFAIR, LYNDIA
Address: 6860 GULFPORT BLVD., SO #345
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFAIR, LYNDIA J
Address: 6860 GULFPORT BLVD., SO #345
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNDIA J. LAFAIR

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date