
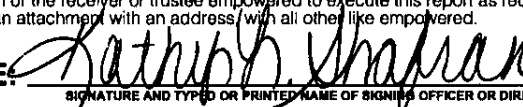


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P97000105002		
1. Entity Name JEM DIRECT, INC.		
Principal Place of Business 5015 SW 22ND AVE. CAPE CORAL, FL 33914 US		Mailing Address 2710 DEL PRADO BLVD. 2-207 CAPE CORAL, FL 33904 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHAFRAN, JOSHUA D 5015 SW 22ND AVE. CAPE CORAL, FL 33914		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000585716 01/16/07-80024-009 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SHAFRAN, JOSHUA D	
STREET ADDRESS	5015 SW 22ND AVE.	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	P	
NAME	SHAFRAN, KATHY L	
STREET ADDRESS	5015 SW 22ND AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		1/8/07 239-540-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #