


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90054 027 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000008474**

1. Corporation Name

**DIRECT TOUCH RESEARCH INC.**

Principal Place of Business

 1520 GULF BLVD.  
 SUITE 1607  
 CLEARWATER BEACH FL 34630

Mailing Address

 1520 GULF BLVD.  
 SUITE 1607  
 CLEARWATER BEACH FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

59-3488781

Applied For

Not Applicable

5. Certificate of Status Desired

☒
 \$8.75 Additional  
 Fee Required

 6. Election Campaign Financing  
 Trust Fund Contribution
☐
 \$5.00 May Be  
 Added to Fees

 8. This corporation owes the current year intangible  
 Personal Property Tax.
☐ Yes☒ No

2. Principal Place of Business

 21 1180 Spring CENTRE BLVD  
 Suite, Apt. #, etc. 11

 22 310  
 City & State

 23 ALTAMONTE SPRINGS, FL  
 Zip Country

24 32714 25 USA

2a. Mailing Address

 26 1180 Spring CENTRE BLVD  
 Suite, Apt. #, etc.

 27 320  
 City & State

 28 ALTAMONTE SPRINGS, FL  
 Zip Country

29 32714 30 USA

9. Name and Address of Current Registered Agent

 CORPORATE CREATIONS ENTERPRISES, INC.  
 4521 PGA BOULEVARD #211  
 PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 -TITLE D  
 NAME MCCOMAS, DAVE  
 STREET ADDRESS 1520 GULF BLVD.  
 CITY-ST-ZIP CLEARWATER BEACH FL 34630
☐ DELETE
 -TITLE D  
 NAME LUCAS, SHAWN D  
 STREET ADDRESS 1520 GULF BLVD.  
 CITY-ST-ZIP CLEARWATER BEACH FL 34630
☐ DELETE
 -TITLE D  
 NAME ANDERSON, SCOTT A  
 STREET ADDRESS 1520 GULF BLVD.  
 CITY-ST-ZIP CLEARWATER BEACH FL 34630
☐ DELETE
 -TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 -TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE
 -TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

407-792-8733

Daytime Phone #

CR2E034 (11/98)