


FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90182 011 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000020852 1. Entity Name FOUR DIRECTIONS, INC.	
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Principal Place of Business 930 THOMASVILLE RD 101 TALLAHASSEE, FL 32303 US	Mailing Address P.O. BOX 3763 TALLAHASSEE, FL 32315-3763 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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60037090



04272008 Chg-P CR2E034 (11/05)

4. FEI Number 59-3502301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GOLDBERG, STUART E ESQ
2030 CENTER POINTE BLVD
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature fastest when recording) DATE:

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
	P FOUGHT, THOMAS	<input type="checkbox"/>
STREET ADDRESS	1721 INDIAN WOOD CIR	
CITY- ST- ZIP	MAUMEE, OH 43537	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change	Addition
	P FOUGHT, THOMAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	1721 INDIAN WOOD CIRCLE		
CITY- ST- ZIP	MAUMEE, OH 43537		
	V FOUGHT, JOAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	1721 INDIAN WOOD CIRCLE		
CITY- ST- ZIP	MAUMEE, OH 43537		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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: *TE Fought* **TE Fought Pres** 05/01/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #