2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060185

Entity Name: DIRECT DOCS, INC

FILED May 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7900 N. UNIVERSITY DRIVE, #210A 7900 N. UNIVERSITY DRIVE, #201A

TAMARAC, FL 33321 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

7900 N. UNIVERSITY DRIVE, #210A 7900 N. UNIVERSITY DRIVE, #201A

TAMARAC, FL 33321 TAMARAC, FL 33321

FEI Number: 65-0941218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAIG, HEATHER 7900 N. UNIVERSITY DRIVE, #210A

CRAIG, HEATHER L 7900 N. UNIVERSITY DRIVE, #201A TAMARAC, FL 33321 TAMARAC, FL 33321

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: HEATHER L. CRAIG 05/11/2004

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition

CRAIG, HEATHER Name: Name: CRAIG, HEATHER L 7900 N. UNIVERSITY DRIVE, #210A 7900 N. UNIVERSITY DRIVE, #201A Address: Address:

City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: () Delete Title: () Change (X) Addition

Name: Name: ALGIE. STEFANIE

7900 N UNIVERSITY DRIVE #201A Address: Address:

TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

LOPEZ, LAZARO Name: Name: N UNIVERSITY DRIVE #201A Address Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEATHER L. CRAIG **PRES** 05/11/2004