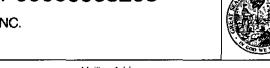
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P99000068208 DOCUMENT #

DIRECT TO CATALOGS, INC.





FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90452 008 ***150.00

Principal Place of Business 29 GARDEN BAY COURT DESTIN FL 32550				Mailing Address 1 01 THAIR S T BOONSBORD MU 21713									
2. Principal Place of Business				3. Mailing Address Arden Bay Ct-					` 10811001100 100	Deili edile		18661 (1861 1884 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City State STIN, F				4. FEI Number 06-1359284				oplied For ot Applicable	
Zip		Country	Zip	2550	Count	'S A		5. Ce	ertificate of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registere	ed Agent		7. Name and Address of New Registe				ed Agent			
SAUNDERS, H. JAMES 29 GARDEN BAY COURT DESTIN FL 32550						Name Street Add	dress (P.(O. Box	x Number is Not Acceptable)				
					City			FL	Zip Cod	e			
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 required when reinstating) DATE													
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of		<u> </u>			5 <u>5</u> 9	9. Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	May Be to Fees		
10.		OFFICERS AND	DIRECTO	DIRECTORS 11.				ADD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S, H. JAMES N BAY COURT		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S, ELLEN S N BAY COURT 32550		☐ Delete		T ADDRESS ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	- ~		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					☐ Change	☐ Addition	

12. 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 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 anyaddress, with all other like empowered.

SIGNATURE:

EDH. James Saunders 3/10/03