2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # P99000087585** 04-27-2007 90178 029 ***150.00 DIRECT MARKETING SOLUTIONS, INC. Principal Place of Business Mailing Address 5379 LYONS RD 5831 NW 37TH AVE COCONUT CREEK, FL 33073 #148 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 573 / WW 37 th AVE. Suite, Apt. #, etc. Rd. 04252007 CR2E034 (12/06) COCONUT CREECK, FL City & State CREECK, FL 4. FEI Number Applied For 65-0956656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAFARIEH, VAHID Street Address (P.O. Box Number is Not Acceptable) 5831 N.W. 37TH AVE. COCONUT CREEK, FL 33073 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE Change ☐ Addition JAFARIEH, VAHID NAME NAME STREET ADDRESS **5831 NORTHWEST 37TH AENUE** STREET ADDRESS CITY-ST-7IP COCONUT CREEK, FL 33073 CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition JAFARIEH, CHRISTINE M NAME NAME STREET ADDRESS **5831 NORTHWEST 37TH AENUE** STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-7IP TITLE Delete THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Delete MILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

JAFAILLEH Vahid

SIGNATURE:

FILED