

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087585

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: DIRECT MARKETING SOLUTIONS, INC.

## Current Principal Place of Business:

10100 W SAMPLE RD., SUITE 307  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

11555 HERON BAY BLVD  
#200  
CORAL SPRINGS, FL 33076

## Current Mailing Address:

5389 LYONS RD.  
COCONUT CREEK, FL 33073

## New Mailing Address:

5379 LYONS RD.  
#148  
COCONUT CREEK, FL 33073

FEI Number: 65-0956656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAFARIEH, VAHID  
5831 N.W. 37TH AVE.  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

JAFARIEH, VAHID  
5379 LYONS RD.  
#148  
COCONUT CREEK, FL 33073 US

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: JAFARIEH VAHID

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: JAFARIEH, VAHID  
Address: 5831 NORTHWEST 37TH AENUE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD (X) Delete  
Name: JAFARIEH, CHRISTINE M  
Address: 5831 NORTHWEST 37TH AENUE  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: JAFARIEH, VAHID  
Address: 5379 LYONS RD. #148  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VAHID JAFARIEH

PDT

04/27/2009

Electronic Signature of Signing Officer or Director

Date