2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2007 08:00 All Secretary of State DOCUMENT # S00077 PROFESSIONAL DIRECT MARKETING AND MAILING LISTS, INC. Principal Place of Business Mailing Address 2600 N. MILITARY TRAIL 2600 N. MILITARY TRAIL **BOCA RATON FL 33431-6330** BOCA RATON FL 33431-6330 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 13-2950591 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo RUTHERFORD MULHALL, P.A. Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL **FOURTH FLOOR BOCA RATON FL 33431** 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.xl am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D THE Delete TOLE ☐ Change Addition KRNA, RICHARD U00000733476 NAME NAME 4550 NW 23RD COURT 05/09/07-80089-003 150.00 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP STD HILE ☐ Delete TITLE Addition Change KRNA BARBARA NAME NAME 4550 NW 23RD COURT STREET ADDRESS STREEL ADDRESS **BOCA RATON FL 33431** CHY-ST-7IP CITY - ST - ZIP D DILE ☐ Delete THE Change Addition | VERGOGLINO, JOSEPH NAME NAME _ 7514 VALENCIA DRIVE STREET ADDRESS STREET ADDRESS CITY - ST-7iP **BOCA RATON FL 33433** CITY SI ZIP Delete TITLE Addition ☐ Change STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP TOTAL ☐ Delete IIILE ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP TITLE Delete TITLE ☐ Change Addition NAME. NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07 561 241-

FILED