

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S19411

1. Entity Name
DISCOVER MARKETING DIRECT, INC.



**FILED
Feb 08, 2007 8:00 am
Secretary of State**

02-08-2007 90036 033 ***150.00

4 U U U U U U U U



01032007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address
8415 SUNSTATE ST P.O. BOX 270156
TAMPA, FL 33634-1309 US TAMPA, FL 33688-0156

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
15619 PREMIERE DR. Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

City & State
Tampa, Florida
Zip 33624-1332 Country U.S.A.

City & State

4. FEI Number
59-3042527

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELLEMAN, CAROL
8415 SUNSTATE ST
TAMPA, FL 33634

Name

Street Address (P.O. Box Number is Not Acceptable)

15619 PREMIERE DRIVE

Suite 201

City

Tampa

FL 33624-1332 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME SHELLEMAN, CAROL
STREET ADDRESS 8415 SUNSTATE ST
CITY-ST-ZIP TAMPA, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

15619 PREMIERE DR. Suite 201
Tampa, FL 33624-1332

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *Carol A. Selleman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

813-968-0400

Date

Daytime Phone #