2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000935

Entity Name: DIRECT CAPITAL HOLDINGS, INC.

FILED Feb 18, 2009 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1065 DEES DRIVE ORLANDO, FL 32765				1065 DEES DRIVE OVIEDO, FL 32765	
Current Mailing Address:			New Mailir	New Mailing Address:	
23638 LYONS AVE #223 NEWHALL, CA 91321					
FEI Number:	26-2017054	FEI Number Applied For ()	I Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
REGISTERED AGENTS OF AMERICA, INC. 199 E FLAGLER ST #510 MIAMI, FL 33131 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PV () [MEDINA-MAESTI 1065 DEES DRIV ORLANDO, FL 3	/E	Title: Name: Address: City-St-Zip:	PV (X) Change () Addition MEDINA-MAESTRE, JANET 1065 DEES DRIVE OVIEDO, FL 32765	
Title: Name: Address: City-St-Zip:	D () I FEE, JOSEPH R 2513 SW GROT PORT ST. LUCIE	TO CIRCLE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FEE, JOSEPH R II 1065 DEES DRIVE OVIEDO, FL 32765	
Title: Name: Address: City-St-Zip:	TD () I MAESTRE, RUBI 2822 ALLISON D ORLANDO, FL 3	RIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MAESTRE, RUBEN JR. 2822 ALLISON DRIVE ORLANDO, FL 32826	
Title: Name: Address: City-St-Zip:	D () I MAESTRE, TIFFA 2822 ALLISON D ORLANDO, FL 3	RIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () I FEE, JESSICA M 2513 SW GROT PORT ST. LUCIE	TO CIRCLE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition FEE, JESSICA M 1065 DEES DRIVE OVIEDO, FL 32765	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	TR () Change (X) Addition MAESTRE, RUBEN SR 1065 DEES DRIVE OVIEDO, FL 32765	

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: JANET MEDINA-MAESTRE PV 02/18/2009