


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90233 031 \*\*\*150.00

<b>DOCUMENT # P98000079829</b>	
1. Entity Name <b>DIRECT TIME DISTRIBUTORS, INC.</b>	

Principal Place of Business <b>1831 WOOD BROOKS ST TARPON SPRINGS, FL 34689</b>	Mailing Address <b>1831 WOOD BROOKS ST TARPON SPRINGS, FL 34689</b>
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2. Principal Place of Business <b>713 Dodecanese Blvd.</b>	3. Mailing Address <b>3130 Sandhill Dr.</b>
Suite, Apt. #, etc. <b>Tarpon Springs, FL</b>	Suite, Apt. #, etc. <b></b>

City & State <b>City &amp; State Holiday, FL</b>	City & State <b>Holiday, FL</b>
Zip <b>34689</b>	Country <b>USA</b>
Zip <b>34691</b>	Country <b>USA</b>

**40064320**



04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>39-1665408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KRUTZIK, MERLIN 1831 WOOD BROOK ST. TARPON SPRINGS, FL 34689</b>	7. Name and Address of New Registered Agent Name <b>Krutzik, Merlin</b> Street Address (P.O. Box Number is Not Acceptable) <b>3130 Sandhill Dr.</b> City <b>Holiday</b> <b>FL</b> Zip Code <b>34691</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KRUTZIK, MERLIN 1831 WOOD BROOK ST. TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Krutzik, Merlin 3130 Sandhill Dr. Holiday, FL 34691</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Merlin Krutzik Merlin Krutzik 4/14/05 727-938-5668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #