


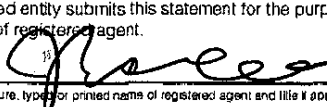
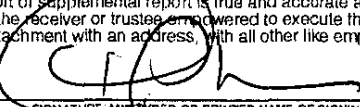
2004 FOR PROFIT CORPORATION ANNUAL REPORT

UPS NDA #

12

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90065 004 ***158.75

DOCUMENT # F00000000467					
1. Entity Name LIBERTY DIRECT SERVICES CORPORATION					
Principal Place of Business 10400 S. US HIGHWAY 1 SUITE 300 PORT ST. LUCIE, FL 34952 US			Mailing Address 10400 S. US HIGHWAY 1 SUITE 300 PORT ST. LUCIE, FL 34952 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 13420 Suite, Apt. #, etc.			
City & State Fort Pierce, Florida		4. FEI Number 06-1553692			
Zip 34979		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, ROBERT N C/O DEAN, MEAD, MINTON & KLEIN 1903 SOUTH 25TH STREET, SUITE 200 FT. PIERCE, FL 34947			7. Name and Address of New Registered Agent Name: CT CORPORATION Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324		
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:  James A. Bordonaro Assistant Secretary DATE: 4-23-04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, ERIC G 165 CAMBRIDGE TNPKE CONCORD, MA 01742		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CHRISTOPHER MATOSKE 10400 S. US HWY 1 SR 300 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TROWBRIDGE, KEITH 2421 S.E. BAHIA WAY STUART, FL 34996		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTOPHER MATOSKE 10400 S. US HWY 1 SR 300 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIANO, ARTHUR 13 SALT MARSH LN GLOUCESTER, MA 01930		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTOPHER MATOSKE 10400 S. US HWY 1 SR 300 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STEPHEN C. FARRELL 80045 S. US HWY 1 PORT ST LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: 			4-23-04 888-790-0330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHRISTOPHER MATOSKE					