## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006359

FILED Jul 13, 2004 Secretary of State

Entity Nar	ne: EDENTA	LDIRECT, INC.			
Current Pi	rincipal Place	of Business:	New Principal Place	of Business:	
2907 BAY- TAMPA, FL	TO-BAY BLVE 33629	)., SUITE 214			
Current M	ailing Addres	ss:	New Mailing Address:		
2907 BAY- TAMPA, FL	TO-BAY BLVE _ 33629	)., SUITE 214			
FEI Number:	59-3614462	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
SMITH, DA 101 EAST TAMPA, FL	KENNEDY BL	VD., SUITE 2800 S			
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
	AND DIREC		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DIASTI, TIM	Delete BAY BLVD., SUITE 214 629	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROBBINS, LEE	BAY BLVD., SUITE 214	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROBBINS, LEE	BAY BLVD., SUITE 214	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( HAWLEY, STU ONE CANTERE STAMFORD, C	SURY GREEN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D ( ) BERARDINO, T ONE CANTERE		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

	SIGNATURE: L.A.ROBBINS	CFO	07/13/2004
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City-St-Zip: STAMFORD, CT 06901