
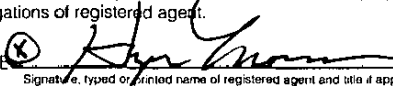
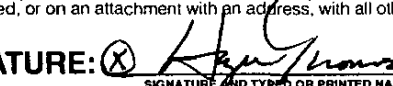


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90024 036 ***158.75

DOCUMENT # F04000006683					
1. Entity Name ZDIRECT.BIZ, INC.					
Principal Place of Business 2660 HOLCOMB BRIDGE RD. ALPHARETTA, GA 30022			Mailing Address 1922 COLONIAL DR. CORAL SPRINGS, FL 33071		
2. Principal Place of Business 1920 E. HALLANDALE BCH BLVD Suite, Apt. #, etc. XXXXXXXXXX PH1 City & State HALLANDALE BCH, FL. Zip 33009 Country USA			3. Mailing Address 1920 E. HALLANDALE BCH BLVD Suite, Apt. #, etc. XXXXXXXXXX PH1 City & State HALLANDALE BCH, FL. Zip 33009 Country USA		
			01182005 Chg-P CR2E034 (10/03)		
			4. FEI Number 35-2184981		Applied For Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMAS, HAYES 1922 COLONIAL DR. CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name HAYES THOMAS Street Address (P.O. Box Number is Not Acceptable) 1920 E. HALLANDALE BCH BLVD. SUITE XXXXXXXXXX PH1 City HALLANDALE BCH FL Zip Code 33009		
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:  HAYES THOMAS PRES & CEO 2/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CP THOMAS, HAYES 1922 COLONIAL DR. CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES & CEO/DIR THOMAS, HAYES 1920 E. HALLANDALE BCH BLVD, HALLANDALE BCH, FL. 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES/DIR WIEDER, ISSAK 1920 E. HALLANDALE BCH BLVD HALLANDALE BCH, FL. 33009	<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	DIRECTOR WIEDER, HERB 1920 E HALLANDALE BCH BLVD HALLANDALE BCH, FL. 33009	<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	DIRECTOR THOMAS, ROWLAND 2102 CROMLEY CIR., STE C MYRTLE BCH, S.C. 29577	<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
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:  HAYES THOMAS 2/1/05 9544581669 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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