


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90027 034 ***150.00

DOCUMENT # F04000006683			
1. Entity Name ZDIRECT.BIZ, INC.			
Principal Place of Business 1920 E. HALLANDALE BEACH BLVD PH-1 HALLANDALE, FL 33009		Mailing Address 1920 E. HALLANDALE BEACH BLVD PH-1 HALLANDALE, FL 33009	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2650 HAZY HOLLOW RUN Suite, Apt. #, etc.	
City & State		City & State ROSWELL, GA	
Zip	Country	Zip	Country
30076	USA	30076	USA
6. Name and Address of Current Registered Agent THOMAS, HAYES 1920 E. HALLANDALE BEACH BLVD SUITE PH-1 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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	PCEO THOMAS, HAYES 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, 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	VP/D WIEDER, ISSAC 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, 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	D WIEDER, HERB 1920 E. HALLANDALE BCH BLVD PH1 HALLANDALE BEACH, 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	D THOMAS, ROWLAND 2102 CROMLEY CIR SUITE C MYRTLE BEACH, SC 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 exemptions contained 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 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: <u>Hayes Thomas</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>7-17-06</u> Daytime Phone #: <u>770-649-4854</u>	



07182006 Chg-P CR2E034 (11/05)

4. FEI Number 35-2184981 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required