

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000605

FILED
May 03, 2006
Secretary of State

Entity Name: INSTRUMENTS DIRECT, INC.

Current Principal Place of Business:

9876 MAIN STREET
SUITE 140
WOODSTOCK, GA 30188 US

New Principal Place of Business:

New Mailing Address:

9876 MAIN STREET
SUITE 140
WOODSTOCK, GA 30188 US

Current Mailing Address:

2295 TOWNE LAKE PARKWAY
#116-289
WOODSTOCK, GA 30189 US

FEI Number: 36-3486228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, KEVIN M CPA
33 FLAGLER AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAIRD, BRENT J
Address: 2067 TOWNSHIP DRIVE
City-St-Zip: WOODSTOCK, GA 30189

Title: VPS () Delete
Name: BAIRD, PATTI-JO
Address: 2067 TOWNSHIP DRIVE
City-St-Zip: WOODSTOCK, GA 30189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BRENT J BAIRD

PRES

05/03/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date