

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003545

FILED
May 17, 2006
Secretary of State

Entity Name: HDI-HEALTH DIRECT, INC.

Current Principal Place of Business:

101 CONVENTION CENTER
LAS VEGAS, NV

New Principal Place of Business:

70 PINE STREET, 30TH FLOOR
NEW YORK, NY 10270 US

Current Mailing Address:

70 PINE STREET, 30TH FLOOR
NEW YORK, NY 10270

New Mailing Address:

FEI Number: 06-1332347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MOOR, KRISTIAN P
Address: 175 WALTER STREET
City-St-Zip: NEW YORK, NY 10038

Title: P () Delete
Name: PACKER, WILLIAM J
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY

Title: CD () Delete
Name: MOOR, KRISTIAN P
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

Title: S () Delete
Name: TUCK, ELIZABETH M
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

Title: D () Delete
Name: SCHADER, CHARLES R
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

Title: T () Delete
Name: BENSINGER, STEVEN J
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY 10270

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: ILER, STEVEN A
Address: 70 PINE STREET
City-St-Zip: NEW YORK, NY

Title: VPTD (X) Change () Addition
Name: SCHIMEK, ROBERT S.H.
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038

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

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

Title: VP (X) Change () Addition
Name: LAFORGIA, GRACEANN
Address: 175 WATER STREET
City-St-Zip: NEW YORK, NY 10038 US

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: ELIZABETH M. TUCK

S

05/17/2006

Electronic Signature of Signing Officer or Director

_____ Date