


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90491 033 ***158.75

DOCUMENT # J50217 1. Entity Name DIRECT SALES TIRE CO., INC.																																																					
Principal Place of Business 1420 MAYPORT ROAD C/O BAHMAN VENUS ATLANTIC BEACH, FL 32233			Mailing Address C/O 3914 DEMERY DR JACKSONVILLE, FL 32250																																																		
2. Principal Place of Business 4861 Louisa Terrace		3. Mailing Address		04202004 Chg-P CR2E034 (10/03)																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2757659																																																	
City & State Jacksonville, FL		City & State		Applied For Not Applicable																																																	
Zip 32205		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent VENUS, BAHMAN 1420 MAYPORT RD. ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name Venus, Sheila Street Address (P.O. Box Number is Not Acceptable) 3914 Demery Dr. West City Jacksonville FL Zip Code 32250																																																		
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 <u>Sheila Venus</u> <u>Sheila Venus s/d</u> <u>4-22-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">SD VENUS, SHEILA 1420 MAYPORT RD. ATLANTIC BEACH, FL</td> <td style="width:30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENUS, SHEILA 1420 MAYPORT RD. ATLANTIC BEACH, FL	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">P/D Bahram Venus 3914 Demery Dr. West Jacksonville FL 32250</td> <td style="width:30%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Bahram Venus 3914 Demery Dr. West Jacksonville FL 32250	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>																					
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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: <u>Sheila Venus</u> <u>Sheila Venus s/d</u> <u>4-22-04</u> <u>904-223-1420</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					