2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000061982

Entity Name: AMDIRECT (US) LLC

Current Principal Place of Business:

3359 W VINE ST
104
KISSIMMEE, FL 34741 US

New Principal Place of Business:

6005 BLAKEFORD DRIVE
WINDERMERE, FL 34786 US

Current Mailing Address:

3359 W VINE ST
104
KISSIMMEE, FL 34741 US

New Mailing Address:

6005 BLAKEFORD DRIVE
WINDERMERE, FL 34786 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD & GANTT CPAS PA
3359 W VINE ST
104
KISSIMMEE, FL 34741 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MUSTOE, NICHOLAS P
Address: 6855 NORTHWHICH DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR ( ) Delete
Name: MUSTOE, VICTORIA J
Address: 6855 NORTHWHICH DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MUSTOE, NICHOLAS P
Address: 6005 BLAKEFORD DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR (X) Change ( ) Addition
Name: MUSTOE, VICTORIA J
Address: 6005 BLAKEFORD DRIVE
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VICTORIA MUSTOE MGR 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date