

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017273

FILED
Feb 17, 2006
Secretary of State

Entity Name: PRISMA DIRECT, LLC

Current Principal Place of Business:

5124 SW 155 AVE.
MIRAMAR, FL 33027 US

New Principal Place of Business:

15969 PINES BLVD.
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

5124 SW 155 AVE.
MIRAMAR, FL 33027 US

New Mailing Address:

15969 PINES BLVD
PEMBROKE PINES, FL 33027 US

FEI Number: 42-1661706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGADO, MARTA B
5124 SW 155 AVE.
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

DAVIS, MONICA A
15969 PINES BLVD
PEMBROKE PINES, FL 33027 US

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: MONICA DAVIS

02/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SALGADO, MARTA B
Address: 5124 SW 155 AVE.
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM () Delete
Name: DAVIS, MONICA A
Address: 4939 NW 91 TERRACE
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DAVIS, MONICA A
Address: 15969 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: V (X) Change () Addition
Name: SALGADO, MARTA B
Address: 15969 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027 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 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: MONICA DAVIS

P

02/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date