2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# M05000001906

Entity Name: CBT DIRECT, LLC

Current Principal Place of Business:

8 ANDREW WAY
WALPOLE, MA 02801

New Principal Place of Business:

25400 US HIGHWAY 19N
SUITE 285
CLEARWATER, FL 33763

Current Mailing Address:

25400 US HIGHWAY 19N
SUITE 285
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 20-2541116 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PARKINSON, DAVID
Address: 8 ANDREW WAY
City-St-Zip: WALPOLE, MA 02801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PARKINSON, DAVID
Address: 4 PALMER AVE
City-St-Zip: WALPOLE, MA 02801

I hereby certify that the information supplied with this filing does not qualify 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: BRENDA HALPIN MS 01/19/2009

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