2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004
Secretary of State

DOCUMENT# P00000002138

Entity Name: MEDICAL DIRECT INTERNATIONAL, INC.

Current Principal Place of Business:

8316 WEST FOREST CIR
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8316 WEST FOREST CIR
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3616491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERONA LAW GROUP, P.A.
7235 FIRST AVENUE SOUTH
ST. PETERSBURG, FL 33707 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: PMGR ( ) Delete
Name: GIEDER, JAMES P
Address: 8316 WEST FOREST
City-St-Zip: TAMPA, FL 33615

Title: VTSM ( ) Delete
Name: GIEDER, JOSEPH III
Address: 8954 EASTMAN DR.
City-St-Zip: TAMPA, FL 33626

Title: MGR ( ) Delete
Name: HEAGNEY, ERIC
Address: 28870 U.S. HWY 19 N. #319
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MGR ( ) Change (X) Addition
Name: ORESTES, DESTRADE
Address: 10014 NEW PARKE ROAD
City-St-Zip: TAMPA, FL 33626

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 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: ORESTES DESTRADE MGR 09/10/2004

Electronic Signature of Signing Officer or Director Date