

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002138

FILED
Aug 30, 2006
Secretary of State

Entity Name: MEDICAL DIRECT INTERNATIONAL, INC.

Current Principal Place of Business:

414 CINCINNATI PKY
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

414 CINCINNATI PKY
CLEARWATER, FL 33765 US

New Mailing Address:

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

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: HEAGNEY, ERIC L
Address: 414 CINCINNATI PARKWAY
City-St-Zip: CLEARWATER, FL 33765

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

Title: MGR () Delete
Name: DESTRADE, ORESTES
Address: 10014 NEW PARKE RD
City-St-Zip: TAMPA, FL 33626

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:

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 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: JAMES GIEDER

VTSM

08/30/2006

Electronic Signature of Signing Officer or Director

_____ Date