2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000073467

Entity Name: LEK-DIRECT, INC.

LOWE, WADE

12200 W. COLONIAL DR., STE 100

WINTER GARDEN, FL 34787

Name:

Address:

City-St-Zip:

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12788 GILLIARD RD. WINTER GARDEN, FL 34787 **Current Mailing Address: New Mailing Address:** 12788 GILLARD RD WINTER GARDEN, FL 34878 FEI Number: 59-3665924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOWE, LINELL K 12788 GILLIARD RD WINTER GARDEN, FL 34787 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: SONNE, BLAKE Name: 12200 W. COLONIAL DR., STE. 100 Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: LOWE, COREY Name: 12200 W. COLONIAL DR., STE. 100 Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LOWE, LINELL K Name: Name: 12200 W. COLONIAL DR., STE 100 Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINELL K. LOWE T 04/07/2005