2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082149

Entity Name: DIRECT FLORIDA, INC

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9043 HARBOR ISLE WINDERMERE, FL 34786 **Current Mailing Address: New Mailing Address:** 9043 HARBOR ISLE WINDERMERE, FL 34786 FEI Number: 59-3693823 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: ENGEL, BARRY BECKER, IRVING 9043 HARBOR ISLE 1250 SOUTH HIGHWAY 17-92 LONGWOOD, FL 32750 WINDERMERE, FL 34786 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: IRVING BECKER 04/19/2005 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 BECKER, IRVING Name: Name: 9043 HARBOR ISLE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Delete () Change () Addition BECKER, ELIANE Name: Name: 9043 HARBOR ISLE Address: Address: WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BECKER, IRVING Name: Name: 9043 HARBOR ISLE Address: Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: () Delete Title: () Change () Addition BECKER, ELAINE Name: Name: Address: 9043 HARBOR ISLE Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: Title: Title: () Delete () Change () Addition BECKER, IRVING Name: Name: 9043 HARBOR ISLE Address: Address: WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BECKER, ELAINE Name: Name: Address: 9043 HARBOR ISLE Address: City-St-Zip: City-St-Zip: WINDERMERE, FL 34786

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: IRVING BECKER VP 04/19/2005