2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005
Secretary of State

DOCUMENT# P01000021811

Entity Name: SPIC & SPAN DIRECT, INC.

Current Principal Place of Business:

5397 ORANGE DRIVE
SUITE 205
DAVIE, FL 33314

New Principal Place of Business:

7320 GRIFFIN RD
SUITE 211
DAVIE, FL 33314

Current Mailing Address:

5397 ORANGE DRIVE
SUITE 205
DAVIE, FL 33314

New Mailing Address:

7320 GRIFFIN RD
SUITE 211
DAVIE, FL 33314

FEI Number: 65-1082045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR SMIKLE, P.A.
BANK OF AMERICA BUILDING, 18350 NW 2ND AVE
SUITE 500
MIAMI,, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATT, MARGARET A
Address: 5397 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314 US

Title: VST ( ) Delete
Name: BLAIR, TRICIA-ANN A
Address: 5397 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete
Name: BLAIR, TANYA
Address: 5397 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete
Name: GABBIDON, MELROSE E
Address: 5397 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete
Name: BLAIR, CHRIS-PAUL A
Address: 5397 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

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: ( ) 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 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: MARGARET A WATT PD 02/16/2005

Electronic Signature of Signing Officer or Director — Date