

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000104420

Entity Name: AC DIRECT, INC.

FILED
Dec 15, 2009
Secretary of State**Current Principal Place of Business:**4599 PARK BREEZE CT
ORLANDO, FL 32808**New Principal Place of Business:****Current Mailing Address:**4599 PARK BREEZE CT
ORLANDO, FL 32808**New Mailing Address:**

FEI Number: 59-3752152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:HAINES, MICHAEL
1212 ALOMA AVE.
WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: HAINES, MICHAEL L
Address: 1212 ALOMA AVENUE
City-St-Zip: WINTER PARK, FL 32789Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: FRYE, CHERYLE
Address: 4599 PARKBREEZE COURT
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL L HAINES

PD

12/15/2009

Electronic Signature of Signing Officer or Director

Date