# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2006**
**Secretary of State**

DOCUMENT# P02000000373

**Entity Name:** UNIFORMS DIRECT, INC.

**Current Principal Place of Business:**

3350 ENTERPRISE AVE
STUITE 180
WESTON, FL 33331

**New Principal Place of Business:**

3350 ENTERPRISE AVE
SUITE 180
WESTON, FL 33331

**Current Mailing Address:**

560 COCONUT CIR.
WESTON, FL 33326

**New Mailing Address:**

PO BOX 268778
WESTON, FL 333268778

**FEI Number: 01-0701159** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASIMORE, CHARLES
560 COCONUT CIRCLE
WESTON, FL 333263319 US

**Name and Address of New Registered Agent:**

MASIMORE, CHARLES
3350 ENTERPRISE AVE
SUITE 180
WESTON, FL 33331 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: 03/16/2006
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MASIMORE, SUSAN
Address: 560 COCONUT CIRCLE
City-St-Zip: WESTON, FL 333263319

Title: T ( ) Delete
Name: MASIMORE, CHARLES
Address: 560 COCONUT CIRCLE
City-St-Zip: WESTON, FL 333263319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MASIMORE, SUSAN
Address: 3350 ENTERPRISE AVE, SUITE 180
City-St-Zip: WESTON, FL 33331

Title: T (X) Change ( ) Addition
Name: MASIMORE, CHARLES
Address: 3350 ENTERPRISE AVE, SUITE 180
City-St-Zip: WESTON, FL 33331

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: CHARLES MASIMORE T 03/16/2006
Electronic Signature of Signing Officer or Director — Date