2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P02000016295

Entity Name: DIA MEDICS DIRECT, INC.

Current Principal Place of Business:

2504 NW 54 STREET
TAMARAC, FL 33309

New Principal Place of Business:

Current Mailing Address:

P O BOX 5026
FT LAUDERDALE, FL 333105026

New Mailing Address:

P O BOX 5026
FT LAUDERDALE, FL 333105026 US

FEI Number: 01-0622496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVOIE, JIMMY A
2504 NW 54 STREET
TAMARAC, FL 33309

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: LAVOIE, CLAUDETTE
Address: 2504 NW 54 STREET
City-St-Zip: TAMARAC, FL 33309

Title: VD ( ) Delete
Name: LAVOIE, JIMMY A
Address: 2504 NW 54 STREET
City-St-Zip: TAMARAC, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAUDETTE LAVOIE PD 04/28/2003

Electronic Signature of Signing Officer or Director — Date