2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # P02000047868 NEW WORLD DIRECT, INC. Principal Place of Business Mailing Address 6538 COLLINS AVENUE 6538 COLLINS AVENUE #216 MIAMI BEACH, FL 33141-4694 MIAMI BEACH, FL 33141-4694 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3675273 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORDEN, JOSHUA DO NOT WRITE 6538 COLLINS AVENUE #216 IN THIS SPACE MIAMI BEACH, FL 33141-4694 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BORDEN, JOSHUA NAME STREET ADDRESS 6538 COLLINS AVENUE #216 U0000U182933 MIAMI BEACH, FL 331414694 CITY-ST-ZIP 01/19/05-80049-005 150.00 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

877-NWA-9898

FILED