


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90204 043 ***150.00

DOCUMENT # P02000126012

1. Entity Name
 D.S.I. DIRECT, INC.



Principal Place of Business
 7300 N FEDERAL HWY STE 105
 BOCA RATON, FL 33487

Mailing Address
 7300 N FEDERAL HWY STE 105
 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
 55-0816563

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, KENNETH
 7300 N FEDERAL HWY., STE. 105
 BOCA RATON, FL 33487

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

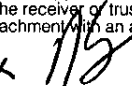
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, KENNETH
STREET ADDRESS	7300 N FEDERAL HWY STE 105
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	WHALEN, JENNIFER
STREET ADDRESS	6619 N CEDAR STREET STE 101
CITY-ST-ZIP	SPokane, WA 99208 SPOKANE WA 99208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*  **KENNETH SCHWARTZ**
 PRESIDENT *X*

Date _____ Daytime Phone # **(561) 999-0503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR