# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 13, 2005**
**Secretary of State**

DOCUMENT# P03000113359

**Entity Name:** MANUFACTURER DIRECT EYEWEAR, INC.

**Current Principal Place of Business:**

142 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

142 WEST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number: 20-0308217** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LOMBARDI, JOHN L
142 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33441 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: LOMBARDI, JOHN
Address: 142 WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VD ( ) Delete
Name: LOMBARDI, ROBIN
Address: 142 WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S (X) Delete
Name: LOMBARDI, RISA
Address: 142 WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T (X) Delete
Name: LOMBARDI, ERIC
Address: 142 WEST HILLSBORO BLVD
City-St-Zip: DEERFIELD BEACH, FL 33441

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN LOMBARDI PD 06/13/2005

Electronic Signature of Signing Officer or Director — Date