

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 22, 2005
Secretary of State**

DOCUMENT# P04000107933

Entity Name: DIRECT DISTRIBUTORS USA, INC.

Current Principal Place of Business:

4317 CREEKSIDE DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

5811 W. IRLO BRONSON HWY
133
KISSIMMEE, FL 34746

Current Mailing Address:

4317 CREEKSIDE DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 51-0515079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMAN, SHAH
4317 CREEKSIDE DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

ZAMAN, SHAD
4317 CREEKSIDE DRIVE
KISSIMMEE, FL 34746 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: SHAD ZAMAN 04/22/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMAN, SHAH
Address: 4317 CREEKSIDE DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZAMAN, SHAD
Address: 4317 CREEKSIDE DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: SHAD ZAMAN PD 04/22/2005
Electronic Signature of Signing Officer or Director Date