## 2006 FOR PROFIT COR. ... ION ANNUAL REPORT

## FILED Jun 14, 2006 8:00 am Secretary of State

1. Entity Name EWAREHOUSEDIRECT.COM, INC.						05-01-20	006 9047:	5 036 **:	*150.00
Principal Place	e of Business	Mailing Address	Mailing Address			<del>-1</del>			
5150 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33544		5150 SILVER CHARM TERRACE Wesley Chapel, FL 33544					30188		
2. Principal Place of Business		3. Mailing Address 1/8 20 URADCO PLACE.							
Suite, Apt. #, etc.		Suite, Apt. W, etc.			04252006 Chg-P CR2E034 (11/05)				
City & State		SAN ANTONIC FL			4. FEI Numb	17258	38	<del></del>	oplied For of Applicable
Ζip	Country	Zip 33576	Country			of Status Desired		\$8.75 Ad	ditional
	6. Name and Address of Current		<u> </u>		7. Name and	Address of New	Registered	Fee Require Agent	ю
ROBINSO	ROBINSON, DAN								
5150 SILVI	ER CHARM TERRACE CHAPEL, FL 33544	Street Address		Address (f	(P.O. Box Number is Not Acceptable)				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51174 EE, 1 E 000 11								
			City				FL	Zip Cod	
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 proved name of registered appropriate and the flapokcable.  (NOTE: Repostered Appril signature required when reinstance)  DATE									
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.		ribution [		00 May Be ad to Fees	CHANCEC TO OF		DISSOTOR	
TITLE	CEO	Delete	TITLE	1	ADDITIONS	CHANGES TO OF	FICEHS AND	DIRECTOR  Change	S IN 11
HAME STREET ADDRESS CITY-ST-ZIP	ROBINSON, DAN FOUNDER 5150 SILVER CHARM TERRACI WESLEY CHAPEL, FL. 33544	E	HAME STREET ADDRESS CITY-ST-ZIP						
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE HAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE HAME SIREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THE HAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delote	TITLE HAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 ampowered 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 all Christian with an address, with all other like empowered.									
SIGNATURE: Dan Robinson 4.27.04									