


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90215 036 \*\*\*150.00

<b>DOCUMENT # P05000036316</b>					
<b>1. Entity Name</b> E & H DIRECT SERVICES, INC.					
<b>Principal Place of Business</b> 1374 SOUTH EAST CONCHA STREET PORT ST. LUCIE, FL 34983			<b>Mailing Address</b> 1374 SOUTH EAST CONCHA STREET PORT ST. LUCIE, FL 34983		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		40067889	
<b>6. Name and Address of Current Registered Agent</b>  GIRALDO, EDGAR 1374 SOUTH EAST CONCHA STREET PORT ST. LUCIE, FL 34983				<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> GIRALDO, EDGAR		<b>TITLE</b> VP	<b>NAME</b> Natalia ESCOBAR	
<b>STREET ADDRESS</b> 1374 SOUTH EAST CONCHA STREET	<b>CITY - ST - ZIP</b> PORT ST. LUCIE, FL 34983		<b>STREET ADDRESS</b> 1374 SE CONCHA STREET	<b>CITY - ST - ZIP</b> PORT ST. LUCIE, FL 34983	
<b>TITLE</b> VP	<b>NAME</b> SUAREZ, HERNAN		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 1374 SOUTH EAST CONCHA STREET	<b>CITY - ST - ZIP</b> PORT ST. LUCIE, FL 34983		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>12. I hereby 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-20-06 (772)336-0951 <small>Date Daytime Phone #</small>		