2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090760

Entity Name: ORDERDIRECT USA, INC.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

475 TALAVERA RD 6750 186TH STREET WESTON, FL 33326

APT 307A

MIAMI GARDENS, FL 33015

Current Mailing Address: New Mailing Address:

6750 186TH STREET 475 TALAVERA RD WESTON, FL 33326

APT 307A

MIAMI GARDENS, FL 33015

FEI Number: 14-1969631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ABODAKPI, REJOICE ABODAKPI, REJOICE 475 TALAVERA RD 6750 186TH STREET

WESTON, FL 33326 US **APT 307A** MIAMI GARDENS, FL 33015 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: REJOICE A ABODAKPI 04/14/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: (X) Change () Addition

ABODAKPI, REJOICE ABODAKPI, REJOICE Name: Name: 475 TALAVERA RD 6750 186TH STREET APT 307A Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: MIAMI GARDENS, FL 33015

Title: Title: (X) Change () Addition () Delete DORKENOO, CUDJOE Name: Name: DORKENOO, CUDJOE

475 TALAVERA RD 6750 186TH STREET APT 307A Address: Address: WESTON, FL 33326 MIAMI GARDENS, FL 33015 City-St-Zip: City-St-Zip:

VP/D Title: (X) Change () Addition Title: () Delete VP/D ABODAKPI, PHILOMINA Name: ABODAKPI, PHILOMINA Name:

15801 CHASEHILL BLVD 11501 BREASVIEW, APT 1504 Address: Address: City-St-Zip: SAN ANTONIO, TX 78256 City-St-Zip: SAN ANTONIO, TX 78213

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: REJOICE A ABODAKPI P/D 04/14/2007