


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90156 020 ***158.75

DOCUMENT # P94000077423	
1. Entity Name DIRECT ACCESS INTERNATIONAL, INC.	

Principal Place of Business 210 NEWMAN RD LAKE PARK FL 33403 US	Mailing Address 210 NEWMAN RD SUITE 403 LAKE PARK FL 33403 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0527433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIEMER, THOMAS C 210 NEWMAN RD LAKE PARK FL 33403

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME DIEMER, WILLIAM M STREET ADDRESS 210 NEWMAN RD CITY-ST-ZIP LAKE PARK FL 33403	<input type="checkbox"/> Delete	TITLE VP NAME JEAN PAUL STREET ADDRESS 210 NEWMAN RD CITY-ST-ZIP LAKE PARK, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME DIEMER, THOMAS C STREET ADDRESS 210 NEWMAN RD. CITY-ST-ZIP LAKE PARK FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DIEMER, RITA L STREET ADDRESS 210 NEWMAN RD CITY-ST-ZIP LAKE PARK FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME DIEMER, FLORENCE B STREET ADDRESS 210 NEWMAN RD CITY-ST-ZIP LAKE PARK FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MITCHELL, FINE STREET ADDRESS 210 NEWMAN RD CITY-ST-ZIP WEST PALM BEACH FL 33403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:  SIGNATURE REQUIRED Thomas Diemer 2/17/03 561-863-6063	DATE	Daytime Phone #
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CR2E034 (10/02)