2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085172

Entity Name: LYONS DIRECT, INC.

FILED Apr 23, 2008 Secretary of State

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

1166 WEST NEWPORT CENTER DRIVE 3300 GATEWAY DR

SUITE 310 POMPANO BEACH, FL 33069 US

DEERFIELD BEACH, FL 33442 US

DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

1166 WEST NEWPORT CENTER DRIVE 3300 GATEWAY DR

SUITE 310 POMPANO BEACH, FL 33069 US

FEI Number: 65-0547881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRIEDMAN, RICH

1166 WEST NEWPORT CENTER DRIVE

3300 GATEWAY DR

1166 WEST NEWPORT CENTER DRIVE 3300 GATEWAY DR

SUITE 310 POMPANO BEACH, FL 33069 US DEERFIELD BEACH, FL 33442 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: 04/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: GONZALEZ, EDWARD P Name: GONZALEZ, EDWARD P
Address: 1166 WEST NEWPORT CENTER DRIVE Address: 3300 GATEWAY DR

City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: POMPANO BEACH, FL 33069

Title: CEO () Delete Title: CEO (X) Change () Addition

Name: SCHUYLER, HENRY CEO Name: SCHUYLER, HENRY CEO
Address: 1166 WEST NEWPORT CENTER DRIVE Address: 3300 GATEWAY DR

City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: POMPANO BEACH, FL 33069

Title: SVP (X) Delete Title: () Change () Addition

 Name:
 VOLLENDORF, WM PATRICK SVP
 Name:

 Address:
 1166 WEST NEWPORT CENTER DRIVE
 Address:

 City-St-Zip:
 DEERFIELD BEACH, FL 33442
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD P GONZALEZ P 04/23/2008