


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000057249

1. Entity Name
AAA AMERICA DIRECT, INC.



Principal Place of Business 4606 S. CLYDE MORRIS BLVD. SUITE 2-J PORT ORANGE, FL 32129 US	Mailing Address 4606 S. CLYDE MORRIS BLVD. SUITE 2-J PORT ORANGE, FL 32129 US
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FES Number 59-3340851	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLMAN, MICHAEL Y
 4606 S. CLYDE MORRIS BLVD.
 SUITE 2-J
 PORT ORANGE, FL 32129**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLMAN, MICHAEL Y 4606 S. CLYDE MORRIS BLVD. PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLMAN, KAREN S VP 812 HENSEL HILL WEST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/06-80093-019 150.00

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.

SIGNATURE: Karen Hollman **Karen Hollman** 4/18/06 386-761-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #