

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061427

FILED
Mar 19, 2004
Secretary of State

Entity Name: DIRECT DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

3600 SOUTH CONGRESS
#G
BOYNTON BCH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH CONGRESS
#G
BOYNTON BCH, FL 33426 US

New Mailing Address:

FEI Number: 65-0600619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLINGSHEAD, AGNES S PA
3600 SOUTH CONGRESS
#G
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OSENGA, MARK E
Address: 825 EGRET CIRCLE APT A411
City-St-Zip: DELRAY BEACH, FL 33444

Title: VSD () Delete
Name: OSENGA, MARK E
Address: 825 EGRET CIRCLE APT A411
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSENGA, MARK E
Address: 825 EGRET CIRCLE APT A411
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VP (X) Change () Addition
Name: WIGGINS, WANDA
Address: 752 ARCADIAN WAY
City-St-Zip: CHARLESTON, SC 29407 US

Title: S () Change (X) Addition
Name: ACQUAVIVA, ANTHONY JR
Address: 720 NE 38TH ST
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK OSENGA

PD

03/19/2004

Electronic Signature of Signing Officer or Director

Date