



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |
|---|---|--|
| <b>DOCUMENT # P97000105451</b>  |   |   |
| 1. Entity Name<br>SPONGES DIRECT, INC.  |   |  |
| Principal Place of Business<br>1466 L&R INDUSTRIAL BLVD. UNIT 10<br>TARPON SPRINGS, FL 34689  |   | Mailing Address<br>P O BOX 374<br>TARPON SPRINGS, FL 34688 US  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br>SKAROULIS, NICHOLAS<br>1466 L&R INDUSTRIAL BLVD. UNIT 10<br>TARPON SPRINGS, FL 34689   |   | <div>02162005 No Chg-P CR2E034 (10/03)</div> <div>4. FEI Number<br/>59-3484975</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div>Applied For<br/>Not Applicable</div> |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees   |
| 10. OFFICERS AND DIRECTORS  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PCD<br>SKAROULIS, NICHOLAS<br>1466 L & R INDUSTRIAL BLVD SUITE 10<br>TARPON SPRINGS, FL 34689 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   |  |
| 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:   |   | 2/17/05 727 943-9498   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>  |