


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000003099	
1. Entity Name SALES DIRECT MAX, INC.	

Principal Place of Business 13014 N DALE MABRY STE 213 TAMPA, FL 33618	Mailing Address 13014 N DALE MABRY STE 213 TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



07292004 No Chg-P CR2E034 (10/03)

4. FE Number 59-3487334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent CHOQUETTE, HENRY O JR 103 KENDALE DR SAFETY HARBOR, FL 34695	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<p>U00000171148 08/30/04-80006-006 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOB CHOQUETTE, HENRY O JR 103 KENDALE DR SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, JEREMIAH W 8340 ULMERTON RD LARGO, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHOQUETTE, DORIS R 103 KENDALE DR SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOQUETTE, HENRY O JR 103 KENDALE DR SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <i>Henry Choquette O. JR</i> <i>Henry O. Choquette JR, president</i> <i>8-25-04</i> <i>727 798-0849</i>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		