2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002053

Entity Name: INSIGHT DIRECT USA, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
				6820 SOUTH HARL AVENUE TEMPE, AZ 85283 US			
Current Mailing Address:				New Mailing Address:			
1305 WEST AUTO DRIVE TEMPE, AZ 85284 US				6820 SOUTH HARL AVENUE TEMPE, AZ 85283 US			
FEI Number: 36-3948996 FEI Number Applied For () FEI Number					ber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:							
Electronic Signature of Registered Agent Date							
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () D MCGRATH, MAR 1305 WEST AUT TEMPE, AZ 8520	O DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOD () E FENNESSY, RIC 1305 WEST AUT TEMPE, AZ 8528	O DRIVE		Title: Name: Address: City-St-Zip:	FENNESSY,	AUTO DRIVE	
Title: Name: Address: City-St-Zip:	AS ()E MCGINNIS, KARI 1305 WEST AUT TEMPE, AZ 8526	O DRIVE		Title: Name: Address: City-St-Zip:	ANDREWS,	AUTO DRIVE	
Title: Name: Address: City-St-Zip:	AS ()EROGERS, MARK 1305 WEST AUT TEMPE, AZ 8526	O DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	BRYAN, GLY	AUTO DRIVE	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	JOHNSON, F	AUTO DRIVE	
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: MARK ROGERS AS 01/14/2009