2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# 124372

Entity Name: STAR DISTRIBUTION SYSTEMS, INC.

Current Principal Place of Business:

2302 HENDERSON WAY
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3089
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-0169470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, LARRY W.
2302 HENDERSON WAY
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

JIMENEZ, LARRY W.
2302 HENDERSON WAY
PLANT CITY, FL 33563 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: 01/05/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SDT ( ) Delete
Name: GARCIA, AIDA,
Address: 3301 14TH STREET
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete
Name: JIMINEZ, LARRY W
Address: 5925 BAILEY RD
City-St-Zip: PLANT CITY, FL 33565

Title: VD ( ) Delete
Name: MATTIOLI, DAVID
Address: 3208 STONEY BROOK LN
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDT (X) Change ( ) Addition
Name: GARCIA, AIDA,
Address: 3301 14TH STREET
City-St-Zip: TAMPA, FL 33605

Title: PD (X) Change ( ) Addition
Name: JIMINEZ, LARRY W
Address: 2302 HENDERSON WAY
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DEBORAH E. VAILLANT VP 01/05/2005
Electronic Signature of Signing Officer or Director — Date