


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M0600002084 1. Entity Name GLOBAL DISTRIBUTION, LLC	
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Principal Place of Business 708 MORAY DRIVE INVERNESS FL 34458	Mailing Address 708 MORAY DRIVE INVERNESS FL 34458
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number 77-0658846	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COMPETIELLO, JOHN R 708 MORAY DRIVE INVERNESS FL 34453	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

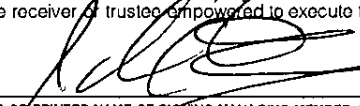
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE NAME	MGRM COMPETIELLO, JOHN R	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
708 MORAY DRIVE INVERNESS FL 34458		
TITLE NAME	MGRM COMPETIELLO, BARBARA J	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
708 MORAY DRIVE INVERNESS FL 34458		
TITLE NAME	MGRM COMPETIELLO, MARJORIE L	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
708 MORAY DRIVE INVERNESS FL 34458		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
U00000700794 04/20/07-90031-024 55.00			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS CITY - ST - ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  **John R. Competiello** 4-8-07 352-341-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #