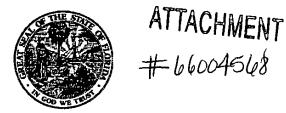
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2006 8:00 am **Secretary of State** DOCUMENT # P01000032505 02-16-2006 90048 022 ***150.00 1. Entity Name BRIGGS DISTRIBUTING, INC. Principal Place of Business Mailing Address 900 N SHINE AVE ORLANDO FL 32803 P O BOX 530075 ORLANDO FL 32853 2. Principal Place of Business 3. Mailing Address SA M 50 Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3714825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRIGGS, STEVEN 900 N SHIME AVE Street Address (P.O. Box Number is Not Acceptable) ORLANDØ FL 32803 its registered office or registered agent. the poligations of regist INOTE: Rep FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D (OWH, LA ☐ Delete DILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS P O BOX 530075 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32853 CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZP CITY-ST-ZIP ☐ Definié *** FILLE Ditt Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP TITLE Detete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-SI-ZP TITLE ☐ Celete TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP plied with this tiling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information the port is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information st indicated on this report or supplem of the corporation or the receiver if changed, or on an attachment

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

BRIGGS DISTRIBUTING, INC. P O BOX 530075 ORLANDO, FL 32853

Subject: BRIGGS DISTRIBUTING, INC.

Reference Number:

P01000032505

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION