

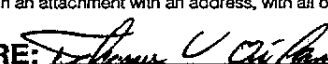


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000046052 1. Entity Name M.P. DISTRIBUTING, INC.			
Principal Place of Business 17220 HAMMOCK LANE PORT ST. LUCIE, FL 34987		Mailing Address 17220 HAMMOCK LANE PORT ST. LUCIE, FL 34987	
<h2>DO NOT WRITE IN THIS SPACE</h2>		 04252004 No Chg-P CR2E034 (10/03)	
4. FEI Number 33-1006836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICANIO, THOMAS V 17220 HAMMOCK LANE PORT ST. LUCIE, FL 34987		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 reissuing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DICANIO, THOMAS V 17220 HAMMOCK LANE PORT SAINT LUCIE, FL 34987	000000139240 04/29/04-80112-021 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOCERI, MARIE A 17220 HAMMOCK LN PORT SAINT LUCIE, FL 34987	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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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:  Thomas V. Dicario		4-26-04 772-216-7281 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	