

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000108265

1. Entity Name
 BRY-TECH DISTRIBUTORS, INC.



Principal Place of Business
 4000 N OBT
 #D
 ORLANDO, FL 32804 US

Mailing Address
 1143 HAINES STREET
 JACKSONVILLE, FL 32206 US



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 04-3716071 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANLEY, ROBERT
 1143 HAINES STREET
 JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE

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 *Robert Manley, President*
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/19/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
 NAME MANLEY, ROBERT
 STREET ADDRESS 1143 HAINES ST
 CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VST
 NAME MANLEY, JENNIFER
 STREET ADDRESS 1143 HAINES ST
 CITY-ST-ZIP TALLAHASSEE, FL 32203

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 05/05/06-80054-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert Manley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

(904)354-8691
Daytime Phone #