2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000098745 04-03-2006 90365 015 ***158.75 UNIVERSAL DISTRIBUTING INC. Principal Place of Business Mailing Address 6302 EMERALD SKY LANE **6302 EMERALD SKY LANE** GREENACRES, FL 33463 GREENACRES, FL 33463 2. Principal Place of Rusiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 25-1733314 Not Applicable Zin 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 Name SABARESE, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 6302 EMERALD SKY LANE GREENACRES, FL 33463 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SABARESE, WILLIAM P NAME STREET ADDRESS 6302 EMERALD SKY LANE STREET ADDRESS CITY+ST-ZIP GREENACRES, FL 33463 CITY-ST-ZIP TITLE ☐ Change Defete TITLE ☐ Addition NAME SABARESE, SANDRA I NAME STREET ADDRESS 6302 EMERALD SKY LANE STREET ADDRESS CITY - ST - ZIP GREENACRES, FL 33463 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, withyall other like empowered.

Warure and Typed or PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

Date

Date

Displine Priore #

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