2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P94000015582

Entity Name: M & G DISTRIBUTORS, INC.

Current Principal Place of Business:

4018 W. CAYUGA ST.
TAMPA, FL 33614 US

New Principal Place of Business:

4312 W. ALVA ST
TAMPA, FL 33614 US

Current Mailing Address:

4018 W. CAYUGA ST.
TAMPA, FL 33614 US

New Mailing Address:

4312 W. ALVA ST
TAMPA, FL 33614 US

FEI Number: 59-3227484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, VIRGINIA
4018 W. CAYUGA ST.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CASTILLO, VIRGINIA
4312 W. ALVA ST
TAMPA, FL 33614 US

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.

SIGNATURE: 04/06/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: CASTILLO, VIRGINIA
Address: 3134 ASHMONTE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: V ( ) Delete
Name: CASTILLO, MARIO
Address: 3134 ASHMONTE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: T (X) Delete
Name: CASTILLO, MARIO A
Address: 6212 AMERICAS CUP AVENUE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: CASTILLO, VIRGINIA
Address: 3134 ASHMONTE DR
City-St-Zip: LAND O LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA CASTILLO P 04/06/2006
Electronic Signature of Signing Officer or Director — Date