2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002062

Title:

Name:

Address:

City-St-Zip:

FILED Mar 08, 2005 Secretary of State

Entity Name: MILBURN DISTRIBUTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 23048 N. 15TH AVENUE PHOENIX, AZ 85027 **Current Mailing Address: New Mailing Address:** PO BOX 42810 PHOENIX, AZ 85080 FEI Number: 86-0703984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MILBURN, W. T WEBSTER, JEFFREY H Name: Name: 3332 W. KING DRIVE 86 LEOMINSTER ROAD Address: Address: City-St-Zip: ANTHEM, AZ City-St-Zip: STERLING, MA 01564 US Title: VSD Title: (X) Change () Addition () Delete MILBURN, JOE R ARMSTRONG, ROYCE S Name: Name: 7366 N. LINCOLN AVE., STE 206 1031 MENDOTA HEIGHTS ROAD Address: Address: LINCOLNWOOD, IL ST. PAUL, MN 55120 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition CFO () Delete S/D MILBURN, WILLIAM T LEVITT, MATTHEW L Name: Name: 5317 W MELINDA LANE 1031 MENDOTA HEIGHTS ROAD Address: Address: City-St-Zip: GLENDALE, AZ City-St-Zip: ST. PAUL, MN 55120 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW L. LEVITT SEC 03/08/2005

() Delete

() Change (X) Addition

GLUESENKAMP, RICHARD L

ST. PAUL, MN 55120 US

1031 MENDOTA HEIGHTS ROAD