2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000170

FILED Apr 21, 2006 Secretary of State

		.000000170 ISTRIBUTION SERVICES, INC	•	Secretary of State		
Littly Na	ille. Hodd d	STRIBOTION SERVICES, INC	·.			
Current Principal Place of Business:			New Principal Place of Business:			
	STONE PLAC ATE, CA 9028					
Current Mailing Address:			New Mailing Address:			
TAX DEPA P.O. BOX MADISON						
FEI Number	: 95-3761174	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
RIDGELY, 9901 N.W. MEDLEY,	. 106TH STRE	ET JS				
The above in the State	named entity e of Florida.	submits this statement for the բ	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CHIARELLO, A 286 HARLINGE BELLE MEADE P (LARSON, JEFF 1804 LANTANA YORBA LINDA	EN ROAD E, NJ 08502) Delete CA 92886) Delete AN K LY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WHITE, MICH 7 GIRALDA F MADISON, N P CHIARELLO, 2 GIRALDA F MADISON, N S ANDERSON, 2 GIRALDA F	FARMS, MADISON AVENUE IJ 079400880 (X) Change () Addition , ANTHONY A FARMS, MADISON AVENUE IJ 079400880 (X) Change () Addition	
Title: Name:	T (GREEN, COLIN) Delete N	Title: Name:	T GREEN, COL	(X) Change()Addition LIN	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN K ANDERSEN S 04/21/2006

5420 SMOKEY MOUNTAIN WAY

() Delete

YORBA LINDA, CA 92887

MURRAY, WILLIAM

23621 VALARTA LANE

MISSION VIEJO, CA 92691

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

5011 FIRESTONE PLACE

5011 FIRESTONE PLACE

SOUTHGATE, CA 90280

(X) Change () Addition

SOUTHGATE, CA 90280

MURRAY, WILLIAM