3/6

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

FOR

DOCUMENT # F04000003233

1. Entity Name
NATIONAL OAK DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
6529 SOUTHERN BLVD. WEST PALM BEACH, FL 33413	6529 SOUTHERN BLVD. WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
95-3180805
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCD
NAME	PECKHAM, GEOFFREY S
STREET ADDRESS	6529 SOUTHERN BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	STD
NAME	TAPP, ZACHARY T
STREET ADDRESS	6529 SOUTHERN BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	ALBA, RUSSEL
STREET ADDRESS	6529 SOUTHERN BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	DE WITT, KENNETH J
STREET ADDRESS	2038 E. CEDAR STREET
CITY-ST-ZIP	ONTARIO, CA 91761
TITLE	D
NAME	DE WITT, DANIEL L
STREET ADDRESS	2038 E. CEDAR STREET
CITY-ST-ZIP	ONTARIO, CA 91761
TITLE	D
NAME	MARVIN, DAVID
STREET ADDRESS	2038 E. CEDAR STREET
CITY-ST-ZIP	ONTARIO, CA 91761

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03/20/06 80001-004 150.00

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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: X Zachary T Tapp 2/13/06 Zachary T.T Tapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #