

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


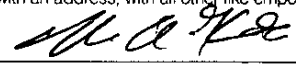
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Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 039 ***158.75

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01112007 Chg-P CR2E034 (12/06)

DOCUMENT # F06000007913				
1. Entity Name COTT VENDING INC.				
Principal Place of Business 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607		Mailing Address 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 80-0003395			Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City	FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIS, BRENT 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELL'AQUILA, TINA 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY MATTHEW A. KANE JR. 4211 W. BOYSCOUT BLVD. # 290 TAMPA FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRESLAR, CLYDE 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALPERIN, MARK 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, CATHERINE 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'KEEFFE, EDMUND 4211 W. BOYSCOUT BLVD., STE. 290 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 		Date 1/13/07	Daytime Phone # 813.313.1800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	