2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007913

Entity Name: COTT VENDING INC.

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5519 W. IDLEWILD AVENUE TAMPA, FL 33634

Current Mailing Address: New Mailing Address:

5519 W. IDLEWILD AVENUE TAMPA, FL 33634

FEI Number: 80-0003395 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:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR STE A TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: FOWDEN, JERRY

Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

Title: VP

Name: CREAMER, MICHEAL Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

Title: DIR

Name: CRAVENS, NEAL

Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

Title: SEC

Name: POE, MARNI

Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

Title: TREA

Name: ZIMMERMAN, MICHEAL Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

Title: VP

Name: REIS, WILLIAM

Address: 5519 W. IDLEWILD AVENUE

City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: MARNI POE SEC 04/20/2011