2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006107

FILED Jul 05, 2005 Secretary of State

Entity Name: DISTRICT HEALTHCARE & JANITORIAL SUPPLY, INC.

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
10302 NW BAY # 24 MEDLEY, I	SOUTH RIVE FL 33178	R DRIVE				
Current M	ailing Addres	ss:	New Maili	New Mailing Address:		
10302 NW BAY # 24 MEDLEY, I	SOUTH RIVE	R DRIVE				
El Number:	52-1755328	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
10302 NW BAY #24 MEDLEY, I	KENNETH SOUTH RIVE FL 33178 US		vurness of changing	its registered	office or registered agent or both	
	e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or both,	
SIGNATUR						
	Electror	ic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	WILLIAMS, PEI 9241 HAMPTOI CAPITAL HEIGI	N OVERLOOK HTS, MD 20743	Title: Name: Address: City-St-Zip:	WILLIAMS, P 9430 LANHAN LANHAM, MD	/I SEVERN ROAD SUITE # 207 20706	
Fitle: Name: Address: City-St-Zip:	HOPKINS, KEN	JTH RIVER DRIVE, BAY # 24	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	WILLIAMS, P	/I SEVERN ROAD SUITE # 207	

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.

SIGNATURE: KENNETH HOPKINS VPGM 07/05/2005