

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000006107

FILED
Aug 20, 2007
Secretary of State

Entity Name: DISTRICT HEALTHCARE & JANITORIAL SUPPLY, INC.

Current Principal Place of Business:

9430 LANHAM SEVERN RD STE 207
LANHAM, MD 20706

New Principal Place of Business:

Current Mailing Address:

10125 NW 116 WAY
STE 16
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 52-1755328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPKINS, KENNETH
10125 NW 116TH WAY
STE-16
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

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: PCEO () Delete
Name: WILLIAMS, PERNELL J
Address: 9430 LANHAM SEVERN ROAD SUITE # 207
City-St-Zip: LANHAM, MD 20706

Title: VPGM () Delete
Name: HOPKINS, KENNETH
Address: 10302 NW SOUTH RIVER DRIVE, BAY # 24
City-St-Zip: MEDLEY, FL 33178

Title: S () Delete
Name: WILLIAMS, PERRIE
Address: 9430 LANHAM SEVERN ROAD SUITE # 207
City-St-Zip: LANHAM, MD 20706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GM (X) Change () Addition
Name: HOPKINS, KENNETH
Address: 10125 NW 116TH WAY SUITE-16
City-St-Zip: MEDLEY, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PERNELL J WILLIAMS

PCEO

08/20/2007

Electronic Signature of Signing Officer or Director

Date