2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State DOCUMENT # F98000002543 05-04-2006 90248 016 ***150.00 DSI DISTRIBUTING, INC. Principal Place of Business Mailing Address 50018588 11338 AURORA AVE. 11338 AURORA AVE. DES MOINES, IA 50322 DES MOINES, IA 50322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable 35-2034369 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent larber GRACEY, JON Street Address (P.O. Box Number is Not Acceptable) 6301 HAZELTINE NATIONAL DR. **SUITE 101** ORLANDO, FL 32822 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEOD TITLE Delete TITLE ☐ Change ☐ Addition ROBISON, DAVID NAME NAME STREET ADDRESS 11338 AURORA AVE \ STREET ADDRESS URBANDALE, IA 50322 CITY-ST-7/P CITY-ST-ZIP TITLE CD ☐ Delete TITLE ☐ Change Addition ROBISON, CHARLES A NAME STREET ADDRESS 11338 AURORA AVE STREET ADDRESS CITY-ST-ZIP URBANDALE, IA 50322 CITY-ST-ZIP SD Delete ☐ Addition TARBELL, BEN NAME NAME STREET ADDRESS 11338 AURORA AVE STREET ADDRESS CITY-ST-7IP URBANDALE, IA 50322 CITY-ST-7IP Change TITLE ☐ Delete TITLE ___ Addition 10425 Plano Rd, STe 200 NAME ROBISON, DOUG NAME STREET ADDRESS 10425 PLANO RD STE 100 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75238 CITY-ST-ZIP 0F0 S CFO TITLE ☐ Delete TITLE 🔀 Change Addition NAME ANDERSON, CRAIG NAME 11338 AURORA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP URBANDALE, IA 50322 CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME

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 ampowered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED