2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2006 08:00 AM DOCUMENT # H40948 **Secretary of State** SCENIC FLORIDA DISTRIBUTORS, INC. Principal Place of Business Mailing Address 3806 SW 30TH AVE P.O. BOX 6479 FORT LAUDERDALE, FL 33312 HOLLYWOOD, FL 33081 No Chg-P CR2E034 (11/05) 01092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2514971 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORDASH, JOHN DO NOT WRITE 6761 FORREST ST HOLLYWOOD, FL 33024 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000383647 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. Added to Fees 01/13/06-80010-025 150.00 10. OFFICERS AND DIRECTORS TITLE NAME. GORDASH, JOHN 6761 FORREST ST. STREET KOORESS HOLLYWOOD, FL CITY-ST-ZIP TITLE GORDASH, VIVIAN NAME STREET ADDRESS 6761 FORREST ST. HOLLYWOOD, FL CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 1171.5 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-709 TITLE

12. I hereby certify that the information supplied with this filling 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR