


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J05457

1. Entity Name
DISTRIBUTOR'S COUNCIL, INC.



Principal Place of Business
**6053 LEXINGTON PARK
 ORLANDO, FL 32819**

Mailing Address
**6053 LEXINGTON PARK
 ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2761213

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARRITY, WILLIAM J.
 6053 LEXINGTON PK
 ORLANDO, FL 32819**

**DO NOT WRITE
 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV NICKEL, PAULA 2024 W HENRIETTA RD, BLDG 6A ROCHESTER, NY 14623
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'HARA, WILLIAM 2217 RIDGELAKE DR METAIRIE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLINO, GEORGE 1133 7 ST OAKLAND, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST GARRITY, WILLIAM J. 6053 LEXINGTON PARK ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP LEGGETT, TODD 211 N. UNION ST., #350 ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRADLEY, BEAU 1975 SW 8TH AVENUE PORTLAND, OR 97201

**DO NOT WRITE
 IN THIS SPACE**

U00000528446
 05/05/06-80038-018 150.00

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 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: Mary Jane Boughton **Mary Jane Boughton**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 4/18/06 **(407) 876-9929**
Daytime Phone #