2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41987

Entity Name: PEPIN DISTRIBUTING COMPANY

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6401 NORTH 54TH ST. 4121 N. 50TH STREET TAMPA, FL 33610 TAMPA, FL 33610

Current Mailing Address: New Mailing Address:

6401 NORTH 54TH ST. 4121 N. 50TH STREET TAMPA, FL 33610 TAMPA, FL 33610

FEI Number: 59-2758271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HOBSON, PETER J HOBSON, PETER J 6401 N 54TH ST 4121 N. 50TH STREET TAMPA, FL 33610 TAMPA, FL 33610 US

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: 04/25/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition PEPIN, THOMAS A., PEPIN, THOMAS A Name: Name:

6401 N. 54TH ST. 4121 N. 50TH STREET Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL

Title: STD Title: STD (X) Change () Addition () Delete AMMON, ROBERT J., Name: Name: AMMON, ROBERT J

6401 N. 54TH ST. 4121 N. 50TH STREET Address: Address: TAMPA, FL TAMPA, FL City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

PEPIN, J. PAUL Name: PEPIN, J. PAUL Name: 6401 N 54TH ST 4121 N. 50TH STREET Address: Address:

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J. AMMON STD 04/25/2006