2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# L01000001401

Entity Name: PAUL REVERE DISTRIBUTION GROUP, LLC

Current Principal Place of Business:

4333 SILVER STAR RD
185
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4333 SILVER STAR RD
185
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 65-1087204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVID J. HARDY
407 BELVOIR DR.
DAVENPORT, FL 33837 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

MANAGING MEMBERS/MANAGERS:

Title: PCEO ( ) Delete
Name: SCHENA, BOB
Address: 241 NEW HAVEN BLVD
City-St-Zip: JUPITER, FL 33458

Title: V.P. ( ) Delete
Name: SCHENA, DEREK
Address: 373 LAKE DAWSON
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete
Name: HARDY, DAVID
Address: 407 BELVOIR DR
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID HARDY VP 06/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date