


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

DOCUMENT # L61835	
1. Entity Name NEPTUNE WHOLESALE INC.	

Principal Place of Business % ITZHAK DICKSTEIN 768 E DANIA BEACH BLVD DANIA, FL 33004	Mailing Address 4511 HELTON DR FLORENCE, AL 35630 US
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DO NOT WRITE IN THIS SPACE

05122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0187448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ANDERSON, TERRY C 4511 HELTON DR FLORENCE, AL 35630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASGOW, TOMMY 4511 HELTON DR FLORENCE, AL 35630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PALME, JOHN 4511 HELTON DR FLORENCE, AL 35630
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000000565508
 05/20/06-80136-025 150.00

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: _____ *[Signature]* _____ *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #