2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# M06000006209

Entity Name: MAGNUM DISTRIBUTION TECHNOLOGIES, LTD. CO.

Current Principal Place of Business:

1951 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1951 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-5727712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOBESH, DONALD S
1951 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 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: MGR ( ) Delete
Name: DOBESH, DONALD S
Address: 1951 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

Title: MGR ( ) Delete
Name: YUKICH, L. MICHAEL
Address: 1560 STEINER ST. NW
City-St-Zip: NORTH CANTON, OH 44720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: MARTIN, DANIEL G
Address: 1951 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

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 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: DONALD S. DOBESH MGR 01/09/2007

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