2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 07, 2008 8:00 am Secretary of State DOCUMENT # N03921 1. Entity Name 03-07-2008 90045 046 ****61.25 PARKWAY DISTRIBUTION CENTER, INC. Principal Place of Business Mailing Address 549 N. GOLDENROD RD. P.O. BOX 308 GOLDENROD FL 32733 ORLANDO FL 32807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3109631 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATHCART, CHRISTOPHER C ESQ. Street Address (P.O. Box Number is Not Acceptable) 2699 LEE RD SUITE #101 WINTER PARK FL 32789 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE Change CIRIGNANO, TOM NAME 750 W CALIFORNIA AVE STREET ADDRESS STREET ADDRESS ABSECON NJ 08201 CITY-ST-ZIP CITY-ST-Z-P Delete TITLE Change ☐ Addition BOONE, JAIME HAME NAME 11483 ROCKET BLVD STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete CitibbA [NAME Son Sam 549 N. Goldenrod Rd, Stc. 12 NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP orlando, FL 32807 TITLE ☐ Delete ☐ Addition E'iben Barbare 306 Phyllis St. Occee, FL 34761 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

2/25/08 - (407) 381-0669

FILED

2007 NOT-FUK-PROFIT CURPURATION
ANNUAL REPORT (AR)

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STE. 12 ORLANDO FL 32807		GOLDENROD FL 327	33		450	D38	153		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			~ 		-	-	
Suite, Apt.		Suite, Apt. #. etc.			1st MO	ORE	CR2E037 (· · · · · · · · · · · · · · · · · · ·	
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Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired		8.75 Add se Require	
	6. Name and Address of Curren	t Registered Agent	, blee		7. Name and Addr	ess of New	Registered Ag	ent	
	THOADT OUDIOTODUED O			^{TIE} SAME					
CATHCART, CHRISTOPHER C ESQ. 330 N. BROADWAY AVE. ORLANDO FL 32803				Street Address (P.O. Box Number is Not Acceptable)					
			CID				FI	Zip Cod	
	named entity submits this statement fi	for the purpose of changing its	s registerea offi	^	ed agent, or both, in I	he State of F	lorida. I am fai	miliar with.	and a
	on ogotorod agont.								
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SIGNATORE	Signature, typed or printed name of ragistered agen	nt and trie clandificable. INC?	E Remstered Agent	signature required	when remstating)		DATE		
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