2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N95000005394

Entity Name: SELECT INDEPENDENT DISTRIBUTORS OF AMERICA, INC.

Current Principal Place of Business:

2101 VISTA PARKWAY
249
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

2101 VISTA PARKWAY
249
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-3458701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNOWBALL, SCOTT
2101 VISTA PARKWAY
249
WEST PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FIELD, STEVE
Address: 185 COMMERCIAL ST.
City-St-Zip: MALDEN, MA 02148

Title: VP ( ) Delete
Name: VACANTI, FRANK
Address: 285 CHANDLER ST.
City-St-Zip: BUFFALO, NY 14207

Title: VP ( ) Delete
Name: SCHULTZ, LARRY
Address: 100 ANCHORS WAY
City-St-Zip: ST. JOSEPH, MI 49085

Title: T ( ) Delete
Name: VATTEROTT, ROBERT
Address: 902 KIRKWOOD ROAD
City-St-Zip: KIRKWOOD, MO 63122

Title: S ( ) Delete
Name: KERSCH, ROBERT
Address: 105-14 ASTORIA BLVD.
City-St-Zip: EAST ELMHURST, NY 11369

Title: DIR ( ) Delete
Name: SNOWBALL, SCOTT
Address: 2101 VISTA PARKWAY #249
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HANCOCK, STEVE
Address: 405 ENGLISH STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SNOWBALL DIR 04/29/2009

Electronic Signature of Signing Officer or Director — Date