


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 034 ***150.00

DOCUMENT # P00000007749 1. Entity Name WHOLESALE SOUTH DISTRIBUTING, INC.					
Principal Place of Business 2324 WAVERLY BARN RD DAVENPORT, FL 33897			Mailing Address P.O. BOX 105035 ATTN: TAX DEPT. ATLANTA, GA 30348-5035		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 3225 Cumberland Blvd. Ste. 100		
City & State Atlanta GA			4. FEI Number 59-3630535		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 30339			Country		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 RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BOLCH, JR., CARL		STREET ADDRESS		
CITY-ST-ZIP	2324 WAVERLY BARN RD DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, ALLISON B		NAME		
STREET ADDRESS	2324 WAVERLY BARN RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE	PASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENKER, MAX		NAME		
STREET ADDRESS	2324 WAVERLY BARN RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLCH, SUSAN BASS		NAME		
STREET ADDRESS	2324 WAVERLY BARN RD		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE	CT-AS-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMBACHER, ROBERT J		NAME	OK	
STREET ADDRESS	2324 WAVERLY BARN RD		STREET ADDRESS	OK	
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	OK	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete	TITLE	VPAS - General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZAJA, CLAUDE P		NAME	Gura, Philip P.	
STREET ADDRESS	2324 WAVERLY BARN RD		STREET ADDRESS	2324 Waverly Barn Rd.	
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP	Davenport FL 33897	
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: <u>Robert J. Dumbacher</u> ROBERT J. DUMBACHER 4/25/06 (770) 431-7600, x.1188					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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