

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P00000007749</b>		
<b>1. Entity Name</b> <b>WHOLESALE SOUTH DISTRIBUTING, INC.</b>		
<b>Principal Place of Business</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<b>Mailing Address</b> <b>3225 CUMBERLAND BLVD.</b> <b>STE. 100</b> <b>ATLANTA, GA 30339</b>	
<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	
<b>6. Name and Address of Current Registered Agent</b>		
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
Signature, typed or printed name of registered agent and title if applicable		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CASD</b> <b>BOLCH, JR., CARL</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MORAN, ALLISON B</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PASD</b> <b>LENKER, MAX</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>BOLCH, SUSAN BASS</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CTAS</b> <b>DUMBACHER, ROBERT J</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VPAS</b> <b>GURA, PHILIP P</b> <b>2324 WAVERLY BARN RD</b> <b>DAVENPORT, FL 33897</b>	<input type="checkbox"/> Delete
<b>11.</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</b>		
<b>SIGNATURE: Robert J. Dumbacher</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		