

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000107466

FILED
Jun 12, 2006
Secretary of State**Entity Name:** HOUSE OF DAVID DISTRIBUTORS, INC.**Current Principal Place of Business:**731 KIRKMAN RD
ORLANDO, FL 32811**New Principal Place of Business:****Current Mailing Address:**731 KIRKMAN RD
ORLANDO, FL 32811**New Mailing Address:****FEI Number:** 59-3680243**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CIOLA, GREGORY
731 KIRKMAN RD
ORLANDO, FL 32811 US**Name and Address of New Registered Agent:**CIOLA, THOMAS
731 KIRKMAN RD
ORLANDO, FL 32811 US

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: THOMAS CIOLA

06/12/2006

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: CIOLA, GREGORY
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: CIOLA, PAUL
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: ST (X) Delete
Name: PONTZIUS, LEAH
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CIOLA, THOMAS
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: ST (X) Change () Addition
Name: CIOLA, MARCIA
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

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

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

SIGNATURE: THOMAS CIOLA

P

06/12/2006

Electronic Signature of Signing Officer or Director_____
Date