2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REVIN R. O'CONNOR

FILED Apr 30, 2005 08:00 AM Secretary of State

2/8/05 386.788.1662

Date Daytime Phone *

DOCUMENT # P00000114924 1. Entity Name DENIS O' CONNOR DISTRIBUTORS, INC.			Secretary of State	
Principal Place of Business - Mailing Address 5578 LANCEWOOD CIRCLE S P.O. BOX 291264 PORT ORANGE, FL 32127 PORT ORANGE, FL 32129-126			64 	ועשה זו העשופות ווערו שוועה מותגע הוחול ופעל נשוחש הוושה וונשט הוושה וונער וו העשופות הווער או בשפוועעה.
C	OO NOT WRITE II	era A	CE	02082005 No Chg-P CR2E034 (10/03) 4. FEI Number
O'CONNOR, KEVIN R 5578 LANCEWOOD CIRCLE S PORT ORANGE, FL 32127				DO NOT WRITE IN THIS SPACE
3. 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 Signature typed of printed name of registered agent and little if applicable. INOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 мау во U00000345207 ed to Fees 04/30/05-80056-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P O'CONNOR, KEVIN 5578 LANCEWOOD CIRCLE S PORT ORANGE, FL 32127	CTÓRS	·	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			=	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME				IIV THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it changed, or on an attachment with an address, with all other like empowered.				