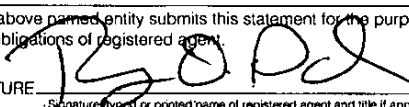


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90054 014 \*\*\*150.00

<b>DOCUMENT # P01000007582</b> 1. Entity Name <b>GUNDY DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>412 W MARION STREET PUNTA GORDA, FL 33950</b>		Mailing Address <b>412 W MARION STREET PUNTA GORDA, FL 33950</b>	
2. Principal Place of Business - No P.O. Box # <b>4300 Kings Hwy</b> Suite, Apt. #, etc. <b>Unit 209-210</b> City & State <b>Port Charlotte, FL</b> Zip <b>33980</b>		3. Mailing Address <b>4300 Kings Hwy</b> Suite, Apt. #, etc. <b>Unit 209-210</b> City & State <b>Port Charlotte, FL</b> Zip <b>33980</b>	
			
		01312008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>65-1092235</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUNDRSON, RANDY 412 W MARION STREET PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>Gunderson, Randy</b> Street Address (P.O. Box Number is Not Acceptable) <b>4300 Kings Hwy</b> <b>Unit 209-210</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33980</b>	
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  <b>Randy O. Gunderson Pres. 2/7/08</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDRSON, RANDY	NAME	Gunderson, Randy
STREET ADDRESS	20276 NAVAJO LN	STREET ADDRESS	4300 Kings Hwy, Unit 209-210
CITY-ST-ZIP	PORT CHARLOTTEE, FL 33952	CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  <b>Randy O. Gunderson Pres. 2/7/08 (941) 626-6263</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			