

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049373

Entity Name: KAREN DISTRIBUTING, INC.

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

1785 BREAKERS POINTE WAY
WEST PALM BEACH, FL 33411

New Principal Place of Business:

3700 RED MAPLE CIRCLE
DELRAY BEACH, FL 33445

Current Mailing Address:

1785 BREAKERS POINTE WAY
WEST PALM BEACH, FL 33411

New Mailing Address:

3700 RED MAPLE CIRCLE
DELRAY BEACH, FL 33445

FEI Number: 65-1106616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERNICK, MICHAEL A VP
1785 BREAKERS POINTE WAY
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

PERNICK, MICHAEL A VP
3700 RED MAPLE CIRCLE
DELRAY BEACH, FL 33445 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:

03/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PERNICK, KAREN S
Address: 1785 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: PERNICK, MICHAEL A
Address: 1785 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PERNICK, KAREN S
Address: 3700 RED MAPLE CIRCLE
City-St-Zip: DELRAY BEACH, FL 334445

Title: VP (X) Change () Addition
Name: PERNICK, MICHAEL A
Address: 3700 RED MAPLE CIRCLE
City-St-Zip: DELRAY BEACH, FL 334445

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: MICHAEL A PERNICK

VP

03/15/2006

Electronic Signature of Signing Officer or Director

Date