

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050183

1. Entity Name
AL WOLIN DISTRIBUTORS, INC.



13618 GREENFILED DR.
TAMPA, FL ~~33624~~ 33618

DO NOT WRITE IN THIS SPACE

07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1405994	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESTA, PHILIP J
4726-B N. LOIS AVE.
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.**

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLIN, ALVIN M
STREET ADDRESS	13618 GREENFILED DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	WOLIN, JUNE N
STREET ADDRESS	13618 GREENFILED DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *John M. Walker Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 7/16/07 *x* 8/19
Date Daytime Phone # 969-6924