2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000487

City-St-Zip:

KEY BISCAYNE, FL 33149

FILED May 04, 2007 Secretary of State

Entity Name: POINT DISTRIBUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 380 HEATHER LANE KEY BISCAYNE, FL 33149 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 490530 380 HEATHER LANE KEY BISCAYNE, FL 331490530 KEY BISCAYNE, FL 331490530 FEI Number: 30-0005288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. TOLEDO, ORLANDO 1840 SW 22ND ST. 1850 NW 84TH. AVENUE 4TH FLOOR #100 MIAMI, FL 33145 US MIAMI, FL 33126 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: ORLANDO TOLEDO 05/04/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition TOLEDO, ORLANDO Name: Name: 380 HEATHER LANE Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: () Delete Title: SVD Title: () Change () Addition Name: LORIDO-TOLEDO, MARIA Name: 380 HEATHER LANE Address: Address: KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip: Title: Title: TD () Delete () Change () Addition NOVO, THELMA G Name: Name: 380 HEATHER LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ORLANDO TOLEDO **PRES** 05/04/2007