

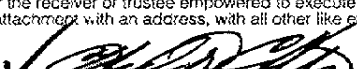
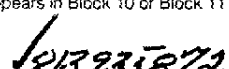


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000025597						Secretary of State					
1. Entity Name COLLINS DISTRIBUTORS, INC.											
Principal Place of Business 14015 SHADY SHORES DRIVE TAMPA, FL 33613				Mailing Address 14015 SHADY SHORES DRIVE TAMPA, FL 33613							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt #, etc				Suite, Apt # etc				03062004 Chg-P CR2E034 (10/03)			
City & State				City & State				4. FEI Number 01-0687561		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
COLLINS, HAL D 14015 SHADY SHORES DRIVE TAMPA, FL 33613						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP COLLINS, HAL D 14015 SHADY SHORES DRIVE TAMPA, FL 33613 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000089073 03/15/04-80076-018 150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DST COLLINS, JEANNE 14015 SHADY SHORES DRIVE TAMPA, FL 33613 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: 						13-11-04 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						<small>Date Daytime Phone #</small>					