




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90053 023 \*\*\*150.00

<b>DOCUMENT # P02000026779</b>					
<b>1. Entity Name</b> AM DISTRIBUTION CORP					
<b>Principal Place of Business</b> 829 COUNTRY CROSSING CT. KISSIMMEE, FL 34744			<b>Mailing Address</b> 829 COUNTRY CROSSING CT KISSIMMEE, FL 34744		
<b>2. Principal Place of Business - No P.O. Box #</b> 2410 Old Vineland Rd		<b>3. Mailing Address</b> 2410 Old Vineland Rd.			
Suite, Apt. #, etc. #19		Suite, Apt. #, etc. #19			
<b>City &amp; State</b> Kissimmee FL		<b>City &amp; State</b> Kissimmee FL		<b>4. FEI Number</b> 03-0407551	
<b>Zip</b> 34746		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARTIGAS, ALBERTO S 829 COUNTRY CROSSING CT KISSIMMEE, FL 34744			<b>7. Name and Address of New Registered Agent</b>		
			<b>Name</b> Alba Miller		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2410 Old Vineland Rd		
			<b>#19</b>		
			<b>City</b> Kissimmee <b>FL</b> <b>Zip Code</b> 34746		
<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.</b>					
<b>SIGNATURE</b> 			<b>DATE</b> 4-23-2007		
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> MILLER, ALVA		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 829 COUNTRY CROSSING CT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34744			2410 Old Vineland Rd. #19 Kissimmee, FL 34746		
<b>TITLE</b> V	<b>NAME</b> ARTIGAS, ALBERTO G		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 829 COUNTRY CROSSING CT			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> KISSIMMEE, FL 34744			2127 S. Buckhill Rd. Clermont, FL 34715		
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>DATE</b> 4-23-2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>DAYTIME PHONE #</b> 407-952-8558		