

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046052

Entity Name: M.P. DISTRIBUTING, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

17220 HAMMOCK LANE
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

164 SE SANTA GARDENIA
PORT ST. LUCIE, FL 34984

Current Mailing Address:

17220 HAMMOCK LANE
PORT ST. LUCIE, FL 34987

New Mailing Address:

164 SE SANTA GARDENIA
PORT ST. LUCIE, FL 34984

FEI Number: 33-1006836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DICANIO, THOMAS V
17220 HAMMOCK LANE
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

DICANIO, THOMAS V
164 SE SANTA GARDENIA
PORT ST. LUCIE, FL 34984 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: _____

Electronic Signature of Registered Agent

04/14/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DICANIO, THOMAS V
Address: 17220 HAMMOCK LANE
City-St-Zip: PORT SAINT LUCIE, FL 34987

Title: VPS () Delete
Name: MOCERI, MARIE A
Address: 17220 HAMMOCK LN
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DICANIO, THOMAS V
Address: 164 SE SANTA GARDENIA
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VPS (X) Change () Addition
Name: MOCERI, MARIE A
Address: 164 SE SANTA GARDENIA
City-St-Zip: PORT SAINT LUCIE, FL 34984

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.

SIGNATURE: MARIE MOCERI

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date