2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **FILED** Jan 23, 2006 08:00 AM CUMENT # P02000065140 **Secretary of State** FLORIDA DISTRIBUTION, INC. Ę al Place of Business Mailing Address THWAY PO BOX 5 HAWTHORNE FL 32640 BLACHEN FL 32148 1 cipal Place of Business 3. Mailing Address rē, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) v & State City & State Applied For 4. FEI Number 50-0004330 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLEY, CLAIRE 340-4TH WAY Street Address (P.O. Box Number is Not Acceptable) INTERLACHEN FL 32148 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 access 2 colligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) FILE NOW!!! FEE IS \$150.00 \$5.00 May F 9. Election Campaign Financing mer May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees eneck Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3 11. ☐ Change ☐ Additi 7 ☐ Detete DILE ISLEY, CLAIRE PLANAF H U00000397504 01/30/06-80052-017 150.00 s 340 4TH WAY STREET ADDRESS INTERLACHEN FL 32148 City-St-Zip Delete TITLE ☐ Change ☐ Aii‴ NAME s STREET ACCRESS CITY-ST-ZIP Ţ Deigte Change ☐ A..." N MAME STREET ADDRESS S CITY-S1-ZIP 6 ☐ Change T Address Ţ ☐ Delete TITLE N S STREET ADDRESS ε -Z) CITY-S1-ZIP ☐ A.:... ☐ Change ☐ Delete TITLE NAME N s STREET ADDRESS C CITY-ST-ZIP Delete TITLE Change N NAME S STREET ADDRESS C CITY-ST-ZIP nefeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information blocked on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as il made under oath; that I am an officer or direction 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 1 that I am anderess, with all other like empowered.

President

386-684-9726

Claire Isley

NATURE: