2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 08:00 AN Secretary of State

DOCUMENT # P02000100062 1. Enlity Name A.S.A.P. MAGAZINE DISTRIBUTOR, INC.				Secretary of St
Principal Plac 106 W. HAYA TAMPA, FL	A ST. 1	ailing Address 06 W. HAYA ST. AMPA, FL 33603		
C	OO NOT WRITE II		CE	02132007 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent HOOPER, LEO 106 W. HAYA ST. TAMPA, FL 33603				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZEP	OFFICERS AND DIRECT D HOOPER, LEO – 106 W. HAYA ST. TAMPA, FL 33603	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D HOOPER, BLANCHE 106 W HAYA ST TAMPA, FL 33603			U00000637763 02/27/07-80003-007 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	<u> </u>		AT THE OFFICE
STREET ADDRESS CITY-ST-ZEP THUE NAME STREET ADDRESS CITY-ST-ZEP				

12. I hereby certify that the information supplied with this filling 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 cath; 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: __

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-47 813-238-018