

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133901

FILED
Jan 27, 2009
Secretary of State

Entity Name: MANUFACTURERS DISTRIBUTOR, INC.

Current Principal Place of Business:

6650 OSTEEN ROAD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

13266 BYRD DRIVE, SUITE 200
ODESSA, FL 33556 US

Current Mailing Address:

POST OFFICE BOX 341706
TAMPA, FL 336941706 US

New Mailing Address:

FEI Number: 41-2072432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARLEDGE, SAM
19013 FERN MEADOW LOOP
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558

Title: SEC. () Delete
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558 US

Title: TREA () Delete
Name: ARLEDGE, SAM
Address: 19013 FERN MEADOW LOOP
City-St-Zip: LUTZ, FL 33558 US

Title: PRES () Delete
Name: ARLEDGE, SAM
Address: 6650 OSTEEN ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAM ARLEDGE

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date