2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

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Entity Name: MANUFACTURERS DISTRIBUTOR, INC.

Current Principal Place of Business:

13266 BYRD DRIVE, SUITE 200
ODESSA, FL 33556 US

New Principal Place of Business:

11205 CHALLENGER AVE
UNIT B
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
4341 SANDDOLLAR COURT
NEW PORT RICHEY, FL 34652 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ARLEDGE, SAM
Address: 4341 SANDDOLLAR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC.
Name: ARLEDGE, SAM
Address: 4341 SANDDOLLAR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA
Name: ARLEDGE, SAM
Address: 4341 SANDDOLLAR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: PRES
Name: ARLEDGE, SAM
Address: 4341 SANDDOLLAR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP
Name: LORI, ARLEDGE
Address: 4341 SANDDOLLAR COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: SAM ARLEDGE PRES 03/14/2012

Electronic Signature of Signing Officer or Director Date