2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000113613 NATIONAL DISTRIBUTION SOLUTIONS, INC. Principal Place of Business Mailing Address 3848 NW 126 AVE 3848 NW 126 AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 56-2411602 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent

FILED Feb 01, 2007 08:00 AM **Secretary of State**

Applied For

\$8,75 Additional

Fee Required

Not Applicable

| ROSS, ADLER 3848 NW 126 AVE CORAL SPRINGS, FL 33065 | | | DO NOT WRITE IN THIS SPACE | | |
|--|--|--|---|--------------------------------|---------------------------|
| 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 9. Election Campaign Finar Trust Fund Contribution. | | | icing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ADLER, ROSS 3848 NW 126 AVE CORAL SPRINGS, FL 33065 | | U00000616775 02/07/07-80043-013 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 02/01/01-00043-013 130.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | s colors reserve | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | the state of the s | | . * | | |
| 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 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 in Block 10 or Block 11 if changed, or on an attachmental management of the control of t | | | | | |