2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000138066

Entity Name: OTTO DISTRIBUTING, INC.

FILED Nov 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8503 EAST ADAMO DRIVE TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 8503 EAST ADAMO DRIVE TAMPA, FL 33619 FEI Number: 01-0808072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTTO, WAYNE D 501 SOUTH BRYAN CIRCLE BRANDON, FL 33511 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition OTTO, WAYNE D OTTO, WAYNE D Name: Name: 501 SOUTH BRYAN CIRCLE 501 SOUTH BRYAN CIRCLE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: BRANDON, FL 33511 Title: Title: () Delete () Change () Addition Name: OTTO, LYNNE D Name: 501 SOUTH BRYAN CIRCLE Address: Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition CARDUCCI, MICHAEL J LEEK, MARK L Name: Name: 1427 CLARION DRIVE 1223 WINDERMERE WAY Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33619 Title: VΡ () Delete Title: (X) Change () Addition LEEK, MARK L LENKOWSKY, DAVID Name: Name: Address: 1223 WINDERMERE WAY Address: 7 FALMOUTH ST City-St-Zip: TAMPA, FL 33619 City-St-Zip: SHORT HILLS, NJ 07078 Title: Title: () Delete () Change (X) Addition Name: Name: MATERIO, SHARON Address: 339 ALHAMBRA PL Address: WEST PALM BEACH, FL 33405 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MATERIO, PHILLIP Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

339 ALHAMBRA PL

WEST PALM BEACH, FL 33405

SIGNATURE: WAYNE D. OTTO VP 11/16/2006

Address:

City-St-Zip: