2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 A Secretary of State DOCUMENT # P03000142925 R & W DISTRIBUTION PARTNERS, INC. Principal Place of Business Mailing Address 698 BELL ROAD 698 BELL ROAD SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E034 (11/05) 01072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0611637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MEISTRICH, STUART NAME STREET ADDRESS 698 BELL ROAD CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Meishich