## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Consider of C4-4-			
	MENT # P040000134			sec	retary of State		
1. Entity Name MDJ DISTRIBUTION CORPORATION							
IVIDO DIO	TRIBOTION CORF CRATION						
Principal Plac	e of Business	Mailing Address		1			
10711 AQUA SURF CT 10711 AQUA SURF CT ESTERO, FL 33928 ESTERO, FL 33928							
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	or application of the contraction of the contractio	And the second second		5. Certificate of St	tatus Desired 🔲	Fee Required	
	6. Name and Address of Current Re	gistered Agent		, en	The state of the s		
LARROW, PAUL L 3501 DEL PRADO BLVD STE 312 CAPE CORAL, FL 33904				DO N	OT WRI	TE	
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	named entity submits this statement for the	ne purpose of changing its register	ed office or registe	red agent, or both, in	the State of Florida. I	am familiar with, and accept	
SIGNATURE.							
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable (NOTE: Registere	d Agent signature require	d when reinstating)	D	ATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS	a (* 5.9	grather to the	1	A CONTRACT OF THE STATE OF THE	
TITLE NAME	PSTV MANUEL, RUIZ					and the same of the	
STREET ADDRESS	10711 AQUA SURF CT			and the first of t	A Company of the second	with the state of the same	
CITY-ST-ZIP	ESTERO, FL 33928		1.	* 10 may 17, 50		000664865	
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TITLE NAME			Andrew Andrews	and the second		in the second	
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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 attachment with an address, with all other like empowered.

SIGNATURE: \_

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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-04-07

Daytime Phone #