

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024188

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: PLYMOUTH DISTRIBUTION CENTER, INC.

## Current Principal Place of Business:

2915 NIAGARA LANE  
PLYMOUTH, MN 55447

## New Principal Place of Business:

## Current Mailing Address:

2915 NIAGARA LANE  
PLYMOUTH, MN 55447

## New Mailing Address:

FEI Number: 20-0704621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, PETER  
609 ISLAND DRIVE  
PALM BEACH, FL 33480 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SCHAFFER, IAN  
Address: 3557 FAIRWAY CT  
City-St-Zip: MINNETONKA, MN 55343

Title: DVTS ( ) Delete  
Name: BROWN, PETER  
Address: 609 ISLAND DR, P.O. BOX 2692  
City-St-Zip: PALM BEACH, FL 33480

Title: DV ( ) Delete  
Name: RUBIN, LEONARD  
Address: 2727 N OCEAN BLVD, #A508  
City-St-Zip: BOCA RATON, FL 33431

Title: DV ( ) Delete  
Name: RUBIN, DANIEL  
Address: 83 DWIGHT PLACE  
City-St-Zip: ENGLEWOOD, NJ 07631

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: IAN SCHAFFER

DP

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date