

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90255 048 \*\*\*150.00

<b>DOCUMENT P04000090062</b> 1. Entity Name <b>ADVANCED DISTRIBUTION INDUSTRIES &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>4786 DISTRIBUTION DRIVE TAMPA, FL 33605</b>			Mailing Address <b>16528 N. DALE MABRY HWY TAMPA, FL 33618</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANDERS, WALTER</b> <b>16528 N. DALE MABRY HWY</b> <b>TAMPA, FL 33618</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LAING, MELVIN</b> <b>3705 SOUTHVIEW DR</b> <b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>LAING, EVELYN</b> <b>3705 SOUTHVIEW DR</b> <b>BRANDON, FL 33511</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 addendum with an address, with all other like empowered.					
SIGNATURE <u>Melvin Laing</u> <u>Melvin Laing</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/06</u> <small>Date</small>		

60035703



01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**41-2140464**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

4/11/06

Walter Sanders

Walter Sanders

\$5.00 May Be Added to Fees

9. Election Campaign Financing Trust Fund Contribution. ☐

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE Melvin Laing Melvin Laing  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06  
Date Daytime Phone #