

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012178

**FILED**  
**Jul 05, 2006**  
**Secretary of State**

**Entity Name:** MOOD DISTRIBUTORS INC.

**Current Principal Place of Business:**

3500 MYSITC POINTE DR SUITE 804  
AVENTURA, FL 33180

**New Principal Place of Business:**

3500 MYSTIC POINTE DR  
SUITE 804  
AVENTURA, FL 33180 US

**Current Mailing Address:**

3500 MYSITC POINTE DR SUITE 804  
AVENTURA, FL 33180

**New Mailing Address:**

3500 MYSTIC POINTE DR  
SUITE 804  
AVENTURA, FL 33180 US

FEI Number: 20-2215929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TUCKER, EUGENE  
3500 MYSITC POINTE DR SUITE 804  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

TUCKER, RAYMONDE  
3500 MYSTIC POINTE DR  
SUITE 804  
AVENTURA, FL 33180 US

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: RAYMONDE TUCKER

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: TUCKER, EUGENE  
Address: 3500 MYSITC POINTE DR SUITE 804  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: TUCKER, RAYMONDE  
Address: 3500 MYSTIC POINTE DR SUITE 804  
City-St-Zip: AVENTURA, FL 33180 US

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: RAYMONDE TUCKER

PRES

07/05/2006

Electronic Signature of Signing Officer or Director

Date