

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012178

FILED
Apr 29, 2008
Secretary of State

Entity Name: MOOD DISTRIBUTORS INC.

Current Principal Place of Business:

3500 MYSTIC POINTE DR
SUITE 804
AVENTURA, FL 33180 US

New Principal Place of Business:

3750 NE 199 TERRACE
AVENTURA, FL 33180 US

Current Mailing Address:

3500 MYSTIC POINTE DR
SUITE 804
AVENTURA, FL 33180 US

New Mailing Address:

3750 NE 199 TERRACE
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, RAYMONDE
3500 MYSTIC POINTE DR
SUITE 804
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TUCKER, PAUL
3750 NE 199 TERRACE
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: PAUL TUCKER

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: TUCKER, PAUL
Address: 3750 NE 199 TERRACE
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify 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: PAUL TUCKER

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date