

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036454

FILED
Apr 09, 2008
Secretary of State

Entity Name: INNER CIRCLE DISTRIBUTION, INC.

Current Principal Place of Business:

10300 NW 53RD STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10350 NW 53RD STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-2500369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREED, NICHOLAS
10300 NW 53RD STREET
SUNRISE, FL 33351 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: P () Delete
Name: FREED, NICHOLAS
Address: 10300 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351

Title: VPT () Delete
Name: JOEL, BROWN
Address: 10300 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351

Title: VPS () Delete
Name: MASS, GARY
Address: 10300 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351

Title: VPO () Delete
Name: DUNCAN, NOEL
Address: 10300 NW 53RD STREET
City-St-Zip: SUNRISE, FL 33351

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 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: JOEL M BROWN

VPT

04/09/2008

Electronic Signature of Signing Officer or Director

Date