


**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P05000060370</b>   |   |                         |   |
| <b>1. Entity Name</b><br>MINUTEMAN DISTRIBUTION SYSTEMS, INC.  |   |  |   |
| <b>Principal Place of Business</b><br>9490 HIGH GATE DRIVE #2024<br>SARASOTA, FL 34238-4424  |   | <b>Mailing Address</b><br>9490 HIGH GATE DRIVE #2024<br>SARASOTA, FL 34238-4424                          |   |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>Name</b>   |
| CURTIN, WILLIAM A<br>9490 HIGH GATE DRIVE #2024<br>SARASOTA, FL 34238-4424   |   |  | <b>Street Address</b>                                     |
|  |   |  |   |
|  |   |  | <b>City</b>   |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>   |   |  |   |
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>P</b><br>CURTIN, WILLIAM A<br>9490 HIGH GATE DRIVE #2024<br>SARASOTA, FL 342384424 | <input type="checkbox"/> Delete  | <b>11.</b>  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60, changed, or on an attachment with an address, with all other like empowered.</b> |   |  |   |
| <b>SIGNATURE:</b> <i>William A Curtin</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   |