## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 25, 2006 8:00 am Secretary of State DOCUMENT # P05000060370 01-25-2006 90028 023 \*\*\*150.00 1. Critic Name MINÚTEMAN DISTRIBUTION SYSTEMS, INC. Principal Place of Business Mailing Address 9490 HIĞH ĞATE DRIVE #2024 9490 HIĞH ĞATE DRIVE #2024 SARASOTA, FL 34238-4424 SARASOTA, FL 34238-4424 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20-2693389 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CURTIN, WILLIAM A** Street Address (P.O. Box Number is Not Acceptable) 9490 HIGH GATE DRIVE #2024 SARASOTA, FL 34238-4424 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1Û. ii. TITLE ☐ Delete TTILE Addition ☐ Change CURTIN, WILLIAM A NAME NAME 9490 HIGH GATE DRIVE #2024 STREET ADORESS STREET ADDRESS SARASOTA, FL 342384424 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition MALE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTC-ST-ZIP ITILE ☐ Delete TITLE ☐ Change ☐ Addition MALLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dokto TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered. 941-408-6381 SIGNATURE:

FILED