2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000114610

1. Entity Name



FILED

Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90003 032 ***150.00

MMW DISTRIBUTORS INC. Principal Place of Business VODTJATA Mailing Address 1251 PINEHURST RD P.O. BOX **UNIT 109** DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 CR2E034 (11/05) Chg-P City & State 4. EFI Number 20-331 4680 City & State Applied For Not Applicable Zip Country 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 REED, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 1340 HALES HOLLOW DUNEDIN, FL 34698 City Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PRES** ■ Addition TITLE ☐ Delete TITLE Change NAME REED, MICHAEL L NAME STREET ADDRESS STREET ADDRESS 1340 HALES HOLLOW CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE **TRES** ☐ Delete TITLE ☐ Change ☐ Addition NAME REED, JENNIFER L NAME STREET ADDRESS 1340 HALES HOLLOW STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delote -HITLE ☐ Change — ☐ Addition NAME NAME 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 Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

727 638 0871