2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State DOCUMENT # P06000010485 1. Entity Name 05-03-2007 90045 026 ***150 00 MCP DISTRIBUTION INC Mailing Address Principal Place of Business 142 HOLLY HILL COURT 142 HOLLY HILL COURT **NEW SMYRNA BEACH, FL 32168** NEW SMYRNA BEACH, FL 32168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 204 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 142 HOLLY HILL COURT NEW SMYRNA BEACH, FL 32168 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 (NOTE: Registered Agent signature required when reinstating) DATE red agent and title it 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE ☐ Change TITLE PERRY, MICHAEL C NAME NAME STREET ADDRESS STREET ADDRESS 142 HOLLY HILL COURT CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 CITY-ST-7IP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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: