2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078783

Title:

Name:

Address:

DST

City-St-Zip: FT. MYERS, FL 33919

MYERS, MACK N.

7076 OVERLOOK DR.

Entity Name: LOUMAC DISTRIBUTORS, INC.

FILED Mar 09, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|---------------------------------|---|--|
| SUITE 6 | STLINKS DRIV | E | | |
| FI. MYER | S, FL 33913 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| SUITE 6 | STLINKS DR. S, FL 33913 | | | |
| FEI Number: 20-5044735 FEI Number Applied For () | | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| | BRUCE D. AL PALM SQUA S, FL 33919 | ARE BLVD. US | | |
| | named entity s of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATUR | RE: | | | |
| | Electroni | c Signature of Registered Age | ent | Date |
| OFFICERS | S AND DIRECT | ORS: | | |
| Title: Name: Address: City-St-Zip: | DP MYERS, SCOTT 7076 OVERLOO FT. MYERS, FL | K DR. | | |
| Title: Name: Address: City-St-Zin: | DV LUONGO, LUIS 1685 MENLO RI ET MYERS EI | D. | | |

I hereby 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 all other like empowered.

SIGNATURE: SCOTT MYERS DP 03/09/2012