

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90033 029 ***150.00

DOCUMENT # P06000137816											
1. Entity Name TCW WHOLESALE DISTRIBUTORS, INC.											
Principal Place of Business 3251 SOUTH PINTO STREET PORT ST-LUCIE, FL 34984 US			Mailing Address 3251 SOUTH PINTO STREET PORT ST-LUCIE, FL 34984 US								
2. Principal Place of Business - No P.O. Box # 582 NW Cornell Ave.		3. Mailing Address 582 NW Cornell Ave.									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Port St-Lucie, Florida		City & State Port St-Lucie, Florida		4. FEI Number 20-5971439							
Zip 34953		Country St-Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WIGGINS, REBECCA L 3251 SOUTH PINTO STREET PORT ST-LUCIE, FL 34984			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name Naywin Maung </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 582 NW Cornell Ave., </td> </tr> <tr> <td style="padding: 2px;"> City Port St-Lucie </td> <td style="padding: 2px;"> FL Zip Code 34953 </td> </tr> </table>			Name Naywin Maung		Street Address (P.O. Box Number is Not Acceptable) 582 NW Cornell Ave.,		City Port St-Lucie	FL Zip Code 34953
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Street Address (P.O. Box Number is Not Acceptable) 582 NW Cornell Ave.,											
City Port St-Lucie	FL Zip Code 34953										
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. <table style="width:100%;"> <tr> <td style="width:60%;"> SIGNATURE <i>Rebecca Wiggins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; text-align: right;"> 02-17-2008 <small>DATE</small> </td> </tr> </table>						SIGNATURE <i>Rebecca Wiggins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	02-17-2008 <small>DATE</small>				
SIGNATURE <i>Rebecca Wiggins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	02-17-2008 <small>DATE</small>										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE PRES	NAME RONDEAU, PAUL J		<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
STREET ADDRESS 3251 SOUTH PINTO STREET	CITY-ST-ZIP PORT ST-LUCIE, FL 34984			NAME Naywin Maung	STREET ADDRESS 582 Cornell Ave.						
CITY-ST-ZIP PORT ST-LUCIE, FL 34984				CITY-ST-ZIP Port St-Lucie, Florida, 34953							
TITLE TRES	NAME WIGGINS, REBECCA L		<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS 3251 SOUTH PINTO STREET	CITY-ST-ZIP PORT ST-LUCIE, FL 34984			NAME Naywin Maung	STREET ADDRESS 582 Cornell Ave.						
CITY-ST-ZIP PORT ST-LUCIE, FL 34984				CITY-ST-ZIP Port St-Lucie, Florida, 34953							
TITLE SECT	NAME RONDEAU, PAUL J		<input checked="" type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS 3251 SOUTH PINTO STREET	CITY-ST-ZIP PORT ST-LUCIE, FL 34984			NAME Naywin Maung	STREET ADDRESS 582 Cornell Ave.						
CITY-ST-ZIP PORT ST-LUCIE, FL 34984				CITY-ST-ZIP Port St-Lucie, Florida, 34953							
TITLE DIR	NAME RONDEAU, PAUL J		<input checked="" type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
STREET ADDRESS 3251 SOUTH PINTO STREET	CITY-ST-ZIP PORT ST-LUCIE, FL 34984			NAME Naywin Maung	STREET ADDRESS 582 Cornell Ave.,						
CITY-ST-ZIP PORT ST-LUCIE, FL 34984				CITY-ST-ZIP Port St-Lucie, Florida, 34953							
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP						
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.											
SIGNATURE: <i>Rebecca Wiggins</i> <i>Treas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 02-17-2008 <small>Daytime Phone #</small>							