2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145556

Entity Name: MY SUPPLY DEPOT, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
311 PINE BLUFF DRIVE LUTZ, FL 335495001				16122 N. FLORIDA AVE. LUTZ, FL 335496129		
Current Mailing Address:				New Mailing Address:		
311 PINE BLUFF DRIVE LUTZ, FL 335495001				16122 N. FLORIDA AVE. LUTZ, FL 335496129		
FEI Number:	: 20-5917003	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable () Ce	rtificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of New	Registered Agent:
503 WOOI BRANDON	/, CHERYL DCREST ROAI N, FL 33511723	31 US				
	named entity s e of Florida.	ubmits this statement for the pu	ırpose o	f changing i	ts registered office	e or registered agent, or both,
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ager	nt			Date
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MAHONEY, CHE 503 WOODCRE BRANDON, FL	ST ROAD		Title: Name: Address: City-St-Zip:	D/VP (X) Cha MAHONEY, CHERY 503 WOODCREST BRANDON, FL 335	ROAD
Title: Name: Address: City-St-Zip:	D () MAHONEY, TER 503 WOODCRE BRANDON, FL	ST ROAD		Title: Name: Address: City-St-Zip:	()Cha	ange () Addition
Title: Name: Address: City-St-Zip:	D () LEMROW, ELIZ 311 PINE BLUFI LUTZ, FL 33548	F DRIVE		Title: Name: Address: City-St-Zip:	D/PR (X) Cha LEMROW, ELIZABE 311 PINE BLUFF DE LUTZ, FL 33549500	RIVE
Title: Name: Address: City-St-Zip:	D () LEMROW, BARI 311 PINE BLUFI LUTZ, FL 3354	F DRIVE		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	D () MCKEE, HUGH 1211 OXBRIDG LUTZ, FL 33548	E DRIVE		Title: Name: Address: City-St-Zip:	D/ST (X) Cha MCKEE, HUGH III 1211 OXBRIDGE DI LUTZ, FL 3354993	
Title: Name: Address: City-St-Zip:	D () MCKEE, DEBRA 1211 OXBRIDG LUTZ, FL 3354	E DRIVE		Title: Name: Address: City-St-Zip:	()Cha	ange () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL MAHONEY VP 04/25/2007