2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107622

Title:

Name:

Address:

City-St-Zip:

Entity Name: NEXT DOOR DISTRIBUTION COMPANY

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1840 N. CC SUITE 1 WESTON,	MMERCE PAR FL 33326	KWAY			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
1840 N. COMMERCE PARKWAY SUITE 1 WESTON, FL 33326					
FEI Number:	26-1191250	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	s of New Registered Agent:	
BERGER, MICHAEL B 131 NW 131 AVENUE PLANTATION, FL 33325 US		6400 N. ÁNDREWS 370	BERGER, MICHAEL B 6400 N. ANDREWS AVENUE 370 FORT LAUDERDALE, FL 33309 US		
The above in the State	named entity su of Florida.	bmits this statement for the pu	rpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				04/22/2009	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () D SCHECHTER, JU- 1840 N. COMMER WESTON, FL 33:	STIN RCE PARKWAY, SUITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARINO, JULIO	elete RCE PARKWAY, SUITE 1 326	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SUTHARD, CARR	RCE PARKWAY, SUITE 1	Title: Name: Address: City-St-Zip:	() Change () 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CARRIE SUTHARD TD 04/22/2009

() Delete

1840 N. COMMERCE PARKWAY, SUITE 1

SCHECHTER, JAMES

WESTON, FL 33326

() Change () Addition