

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000016808

Entity Name: E.A. DISTRIBUTION INC.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

22059 US HIGHWAY 19 N  
CLEARWATER, FL 33765

**New Principal Place of Business:**

22065 US HIGHWAY 19 N  
CLEARWATER, FL 33765

**Current Mailing Address:**

22059 US HIGHWAY 19 N  
CLEARWATER, FL 33765

**New Mailing Address:**

22065 US HIGHWAY 19 N  
CLEARWATER, FL 33765

FEI Number: 26-1976994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLIEL, EMMANUEL  
892 LANTERN WAY  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: ALLIEL, EMMANUEL  
Address: 22065 US HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL 33765

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: EMMANUEL ALLIEL

DPTS

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date