2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90105 007 ***150.00

DOCUMENT # P27671

1. Entity Name
KRETEK DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
5449 ENDEAVOUR CT MOORPARK, CA 93021	5449 ENDEAVOUR CT MOORPARK, CA 93021

01112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 77-0013041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO CASSAR, HUGH 5449 ENDEAVOR CT MOORPARK, CA 93021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/Chairman Cassar, Hugh 5449 Endeavour Ct. Moorpark Ca 93021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S CASSAR, LYNN K 5449 ENDEAVOUR CT MOORPARK, CA 93021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cassar, Lynn K. 5449 Endeavour Ct Moorpark, CA 93021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO CASSAR, MARK 5449 ENDEAVOUR CT MOORPARK, CA 93021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cassar Mark 5449 Endeavour Ct Moorpark, CA 93021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASSAR, SEAN 5449 ENDEAVOUR CT MOORPARK, CA 93021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Cassar, Sean 5449 Endeavour Ct Moorpark CA 93021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ SEAN CASSAR COO 1/11/07 (805) 531-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #