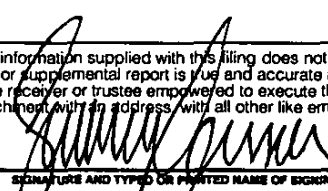


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 035 ***150.00

DOCUMENT # P27671 1. Entity Name KRETEK DISTRIBUTORS, INC.					
Principal Place of Business 5449 ENDEAVOUR CT MOORPARK, CA 93021			Mailing Address 5449 ENDEAVOUR CT MOORPARK, CA 93021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 77-0013041	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	CEOC CASSAR, HUGH 5449 ENDEAVOR CT MOORPARK, CA 93021	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CASSAR, LYNN K 5449 ENDEAVOUR CT MOORPARK, CA 93021	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASSAR, MARK 5449 ENDEAVOUR CT MOORPARK, CA 93021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO CASSAR, SEAN 5449 ENDEAVOUR CT MOORPARK, CA 93021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO / PRESIDENT	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO / SECRETARY	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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 D. CASSAR 1/30/08 (805) 531-8888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					