2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P93000025258

Entity Name: S.P.S. DISTRIBUTORS, INC.

Current Principal Place of Business:

PO BOX 1177
JENSEN BEACH, FL 34958 US

New Principal Place of Business:

657 NE DIXIE HWY
JENSEN BEACH, FL 34957 US

Current Mailing Address:

PO BOX 1177
JENSEN BEACH, FL 34958 US

New Mailing Address:

FEI Number: 59-3174165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIMON, GAY
657 W DIXIE HIGHWAY
JENSEN BEACH, FL 34957 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/VP ( ) Delete
Name: JOHNSTON, NANCY
Address: PO BOX 1664
City-St-Zip: JENSEN BEACH, FL 34958

Title: D/S ( ) Delete
Name: PAWLAK, CHERI
Address: PO BOX 1664
City-St-Zip: JENSEN BEACH, FL 34958

Title: P ( ) Delete
Name: TIMON, GAY
Address: PO BOX 1177
City-St-Zip: JENSEN BEACH, FL 34958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/VP (X) Change ( ) Addition
Name: JOHNSTON, NANCY
Address: 1005 NE SUMNER AVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D/S (X) Change ( ) Addition
Name: PAWLAK, CHERI
Address: 1005 NE SUMNER AVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: P (X) Change ( ) Addition
Name: TIMON, GAY
Address: 1393 COCONUT POINT LN
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: GAY TIMON PD 01/08/2007

Electronic Signature of Signing Officer or Director Date