FROM : FAX NO. :

05-30-2008 90217 043 ***138.75
P94000030658

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 JUN 24 PM 3: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030658

1. Entity Name
ROADRUNNER WHOLESALE DISTRIBUTOR INC.

Principal Place of Business	Mailing Address
5591 AINSLEY COURT BOYNTON BEACH, FL 33437 US	5591 AINSLEY COURT BOYNTON BEACH, FL 33437 US

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

04292008 Chg-P CR2E034 (12/06)

4. FEI Number: 35-0485900 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DOCKSWELL, STACIE L
5591 AINSLEY CT
BOYNTON BEACH, FL 33437

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 ______
Signature, typed or printed name of registered agent and title if applicable (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

TITLE	VP	☒ Delete
NAME	DOCKSWELL, SIMON	
STREET ADDRESS	5591 AINSLY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☐ Change ☒ Addition
NAME	STACIE L DOCKSWELL	
STREET ADDRESS	5591 AINSLEY CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	300132073913 07/02/08--01013--025 **11.25	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] STACIE L DOCKSWELL 04/29/08 (396) 493-0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 6/25