


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90160 012 ***158.75

DOCUMENT # P94000073793 1. Entity Name DISTRIBUTORS OF AMERICA, INC.																			
Principal Place of Business 2121 MAIN ST DUNEDIN, FL 34698			Mailing Address 2121 MAIN ST DUNEDIN, FL 34698																
2. Principal Place of Business 2119 main St Suite, Apt. #, etc.		3. Mailing Address 2119 main St Suite, Apt. #, etc.																	
City & State Dunedin, FL		City & State Dunedin, FL		4. FEI Number 65-0526312															
Zip 34698		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent JACOBS, CHRISTINE M 2121 MAIN ST DUNEDIN, FL 34698				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 <u><i>Christine M. Jacobs</i></u> DATE <u>4-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D JACOBS, CHRISTINE M <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2121 MAIN ST</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DUNEDIN, FL 34698</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D JACOBS, CHRISTINE M <input type="checkbox"/> Delete	NAME	2121 MAIN ST	STREET ADDRESS	DUNEDIN, FL 34698	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> </tr> </table>			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
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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 <u><i>Christine M. Jacobs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/27/06</u> Daytime Phone # <u>727-734-3235</u>															