

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

Zip
34698

Country
USA



04262006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0526312

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 Christine M. Jacobs DATE 4-27-06
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, 2006 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	D JACOBS, CHRISTINE M 2121 MAIN ST DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Christine M. Jacobs Date 4/27/06 Daytime Phone # 727-734-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR