


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P94000077445 |  |
| 1. Entity Name AUSSIE DISTRIBUTORS INC | |

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|--|---|
| Principal Place of Business 40431 US HWY 19 N TARPON SPRINGS FL 34689 US | Mailing Address P.O. BOX 406 TARPON SPRINGS FL 34688 US |
|--|---|



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

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|--|--|--|
| 4. FEI Number 59-3295057 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent KIRK, DIANNE C 40431 US 19 N TARPON SPRINGS FL 34689 | | 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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | ST PAUL J MORRISON PO BOX 3646 HOLIDAY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000647711 03/06/07-80082-017 150.00 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | COO KIRK, DIANNE C 40431 US HWY 19 N TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: DIANNE C. KIRK 2/22/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #