

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000006821

FILED  
Nov 06, 2006  
Secretary of State

Entity Name: DRAMIS DISTRIBUTING, INC.

## Current Principal Place of Business:

4604 BUSTI DR  
SARASOTA, FL 34232 US

## New Principal Place of Business:

## Current Mailing Address:

4604 BUSTI DR  
SARASOTA, FL 34232 US

## New Mailing Address:

FEI Number: 65-0571357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRAMIS, LOUIS  
4604 BUSTI DR  
SARASOTA, FL 34232 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DRAMIS, LOUIS  
Address: 4604 BUSTI DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: VSD ( ) Delete  
Name: DRAMIS, LORRAINE  
Address: 4604 BUSTI DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: TD ( ) Delete  
Name: GRABOWSKI, LAURA  
Address: 4604 BUSTI DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: DRAMIS, LOUIS  
Address: 4604 BUSTI DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: DRAMIS, MICHAEL V  
Address: 4604 BUSTI DR  
City-St-Zip: SARASOTA, FL 34232 US

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: MICHAEL V. DRAMIS

P

11/06/2006

Electronic Signature of Signing Officer or Director

Date