


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90163 031 ***150.00

DOCUMENT # P95000006821

1. Entity Name
DRAMIS DISTRIBUTING, INC.



Principal Place of Business Mailing Address
4604 BUSTI DR **4604 BUSTI DR**
SARASOTA, FL 34232 US **SARASOTA, FL 34232 US**

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



04012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0571357 Not Applicable

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

6. Name and Address of Current Registered Agent

DRAMIS, LOUIS
4604 BUSTI DR
SARASOTA, FL 34232

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 _____ DATE _____
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, 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	VD	<input type="checkbox"/> Delete
NAME	DRAMIS, LOUIS	
STREET ADDRESS	4604 BUSTI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DRAMIS, LORRAINE	
STREET ADDRESS	4604 BUSTI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRABOWSKI, LAURA	
STREET ADDRESS	4604 BUSTI DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRAMIS, MICHAEL V	
STREET ADDRESS	4604 BUSTI DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **MICHAEL DRAMIS** 04/30/08 941-377-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #