## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000043717

Name:

Address:

City-St-Zip:

FILED Mar 08, 2007 Secretary of State

Entity Nar	ne: JET STRE	AM DISTRIBUTORS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
7229 NW 4 GAINESVII	4 BLVD LLE, FL 32607						
Current Mailing Address:				New Mailing Address:			
7229 N.W. GAINESVII	4 BLVD. LLE, FL 32607						
FEI Number: 59-3319138 FEI Number Applied For ( ) FEI N			FEI Num	ber Not Appli	icable ( )	Certificate of Status	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MARTIN, [ 7229 NW 4 GAINESVII		US					
	named entity s e of Florida.	ubmits this statement for the p	purpose of	changing it	s registered o	office or registered a	gent, or both,
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent			Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VSD ( ) MARTIN, DONNA 611 SW 80 BLVI GAINESVILLE, F	D.		Title: Name: Address: City-St-Zip:	S (X MARTIN, DONI 611 SW 80 BL GAINESVILLE,	VD	
Title: Name: Address: City-St-Zip:	PTD () MARTIN, JEFF 1393 PERTH RD JACKSONVILLE			Title: Name: Address: City-St-Zip:	P (X MARTIN, JEFF 1393 PERTH F JACKSONVILL	RD	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	V ( MARTIN, ROBI 19 NW 30 DRI GAINESVILLE,	VE	
Title:	( )	Delete		Title:	Т (	) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

MARTIN, GARY R

7229 NW 4 BLVD

GAINESVILLE, FL 32607

SIGNATURE: DONNA W MARTIN S 03/08/2007