2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE AND

SIGNATURE:

FILED Apr 28, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P96000027145 M & E DISTRIBUTORS, INC. Prinfipal Place of Business Mailing Address **EVELYNN & MARK MARTONE** PO BOX 934612 MARGATE, FL 33093-4612 4770 NW 9TH ST COCONUT CREEK, FL 33063-4657 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0655029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATONE, MARK 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 33063-4657 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE MAME MARTONE, MARK STREET ADDRESS 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657 CITY-ST-ZIP TITLE MARTONE, EVELYNN E NAME STREET ADDRESS 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not guality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and total may 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 peport 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.

NING OFFICER OF DIRECTOR