2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000014456 1. Entity Name			art.	Apr 05, 2006 08:00 AM Secretary of State
ASSOCIA	TED WHOLESALE DISTRIB	UTORS, INC.		
Principal Place of Business		Mailing Address		
7376 LOMBARDY S.T BOYNTON BEACH FL 33437		_ 7376 LOMBARDY S.T BOYNTON BEACH FL 33437		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0820057 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PERLMUTTER, JUDITH 7376 LOMBARDY S.T BOYNTON BEACH FL 33437			Name	
			Street Addres	s (P.O. Box Number is Not Acceptable)
			Cify	FL Zip Code
	named entity submits this statement for ions of registered agent Signature, typed or printed name of registered agent		registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept and when renatating)
After	ILE NOW!!) FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department of	Management a fire		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIBLE MAME STREET ADDRESS CITY-ST-ZIP	PO PERLMUTTER, JUDITH 7376 LOMBARDY S.T BOYNTON BEACH FL 33437	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additto
TITLE NAMC STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillo UDDBDD491961 94/19/06-80046003 150.00
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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 outle, 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: Julia Substitute Tupith PERLMUTTER 4/2/06 561-752-25.