2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 01, 2006 8:00 am Secretary of State

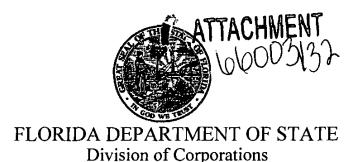
DOCUMENT # P97000019771 1. Entity Name M.T.S. DISTRIBUTORS, INC.			02-15-2006 90046 012 ***150.00		
Principal Place	e of Business	Mailing Address			
48 RESADA BREVARD N	DЯ С 28712	P O BOX 1056 PISGAH FOREST NC 2	28768		
154 Newcastle Road		3. Mailing Address		J reductive and form (Serie et al. Barrie Agric rates rates 1957) (Serie Agrical in 1957)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
Breva	<u>La _14.C</u>	City & State		4. FEI Number 59-3432573 Applied For Not Applicable	
28712	······································	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
WENDELL, BEVERLY S 718 SAILFISH DR BRANDON FL 33511				Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
After	ILE NOWIII FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President / Change Addition	
TITLE NAME STREET ADDRESS	P STELLING, MARK 48 RESADA DR	☐ Detete	TITLE NAME STREET ADDRESS	Stelling, MArk 154 New castle Road	
CITY-SI-ZIP	BREVARD NC 28712		CITY-ST-ZIP	grevard NC 28712	
TETLE NAME STREET ADDRESS		☐ Delete ,	TITLE NAME	VE/.T/S □ Change ★ Addition	
City-St-ZIP	1		STREET ADDRESS City-S1-ZIP	Stelling, Teresa L. 154 New Castle Road 154 New Castle Road	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		, Dalois		Stelling, Teresa L. 154 New Eastle Road 8 revard NC 18717 District Distric	
NAME STREET ADDRESS			CITY-SI-ZIP * INTLE NAME STREET ADDRESS	Stelling, Joshua A 154 News ast 18 Road Rreyard NC 2-8712	
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS			CITY-SI-ZIP JIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Stelling, Joshua A 154 News ast le Road Rreyard NC 2-8712	

12. I hereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation of 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 anyaddress, with all other like empowered.

if changed, or on an attachment with anyaddress, with all other like empowered.

SIGNATURE DA STATE AND THE SAME OF SURVING OFFICER DA CHECTOS

2/16/06 828-877-568.



February 17, 2006

M.T.S. DISTRIBUTORS, INC. P O BOX 1056 PISGAH FOREST, NC 28768

Subject: M.T.S. DISTRIBUTORS, INC.

P97000019771

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/bj ANNUAL REPORTS SECTION