2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90042 007 ***150.00

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1. Entity Name

M.T.S. DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
154 NEWCASTLE RD BREVARD NC 28712	PO BOX 1056 PISGAH FOREST NC 28768

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
198 Newcastle Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brevard NC	City & State
Zip: 28712 Country	Zip Country

4. FEI Number 59-3432573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WENDELL, BEVERLY S 718 SAILFISH DR BRANDON FL 33511	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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC STELLING, MARK 154 NEWCASTLE RD BREVARD NC 28712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC Mark Stelling 198 Newcastle Rd. Brevard NC 28712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS STELLING, TERESA L 154 NEWCASTLE RD BREVARD NC 28712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS Teresa L. Stelling 198 Newcastle Rd Brevard NC 28712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STELLING, JOSHUA A 154 NEWCASTLE RD BREVARD NC 28712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joshua A. Stelling 198 Newcastle Rd Brevard NC 28712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STELLING, JACOB D 154 NEWCASTLE RD BREVARD NC 28712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jacob D. Stelling 198 Newcastle Rd Brevard NC 28712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STELLING, BENJAMIN D 154 NEW CASTLE RD BREVARD NC 28712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Benjamin D. Stelling 198 Newcastle Rd Brevard NC 28712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Mark Stelling Mark Stelling President 1/22/08 828-506-2415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #