changed, or on an attachment with an address

SIGNATURE:

2005 FOR PROFIT CORPORATION

Feb 24, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P98000087932 02-24-2005 90048 006 ***150.00 1. Entity Name ATLANTIC INTERNATIONAL DISTRIBUTORS, INC. Principal Place of Business Mailing Address 50018945 7227 ATLANTIC BLVD 7227 ATLANTIC BLVD JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business Mailing Address 2905 2905 Suite, Apt. #, etc. Suite, Apt. #, etc 02072005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3536824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent MASZY, STEPHEN K 7227 ATLANTIC BLVD JACKSONVILLE, FL 322 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or print (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 "After May 1, 2005 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPD Delete ☐ Change ☐ Addition TITLE TITLE MASZY, STEPHEN KENNET NAME NAME Danesc 2020 OAK OTREET 2905 STREET ADDRESS STREET ADDRESS 32206 JACKSONVILLE, FL 32205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP-

12. I hereby certify that the information supplied with this filing does not qualify 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 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

r like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #