

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006281

FILED
Jan 04, 2007
Secretary of State

Entity Name: UNIQUE DISTRIBUTION ENTERPRISE, INC.

Current Principal Place of Business:

111 RACHEL LIN LANE
ST. CLOUD, FL 34771 US

New Principal Place of Business:

4962 LAZY OAKS WAY
ST. CLOUD, FL 34771 US

Current Mailing Address:

PO BOX 700130
ST. CLOUD, FL 34770 US

New Mailing Address:

4962 LAZY OAKS WAY
ST. CLOUD, FL 34771 US

FEI Number: 65-0886872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPODNICK, DIANE
111 RACHEL LIN LANE
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

SPODNICK, DIANE
4962 LAZY OAKS WAY
ST. CLOUD, FL 34771 US

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.

SIGNATURE: DIANE SPODNICK CHARBONNEAU

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPODNICK, DIANE
Address: 111 RACHEL LIN LANE
City-St-Zip: ST CLOUD, FL 34771 US

Title: PD () Delete
Name: CHARBONNEAU, PIERRE
Address: 111 RACHEL LIN LANE
City-St-Zip: ST CLOUD, FL 34771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPODNICK, DIANE
Address: 4962 LAZY OAKS WAY
City-St-Zip: ST CLOUD, FL 34771 US

Title: PD (X) Change () Addition
Name: CHARBONNEAU, PIERRE
Address: 4962 LAZY OAKS WAY
City-St-Zip: ST CLOUD, FL 34771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SPODNICK CHARBONNEAU

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date