FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Apr 04, 2008 08:00 Al Secretary of State **DOCUMENT # S34310** 1. Entity Name CUSTOM SERVICE DISTRIBUTION, INC. Principal Place of Business Mailing Address 2503 SW 31ST AVE 2503 SW 31ST AVE. PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 US 03262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0250001 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALDWIN, JERRY A DO NOT WRITE 2503 SW 31ST AVE. PEMBROKE PARK, FL 33009 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BALDWIN, JERRY A NAME 2503 SW 31ST AVE. STREET ADDRESS CITY - ST-ZIP PEMBROKE PARK, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LANGE AND TERRY A. BALLER IN NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

954-986-1000