2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014357

Entity Name: TDC WIL DEVCO. INC

KRUMM, WALTER

MAITLAND, FL 32751

100 E. SYBELIA AVENUE SUITE 120

Name:

Address:

City-St-Zip:

FILED Feb 04, 2009 Secretary of State

Entity Nar	ne: TDC W	TIL DEVCO, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 120	SYBELIA AV)), FL 32751	/ENUE				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 120	SYBELIA AV)), FL 32751	/ENUE				
FEI Number:	20-8350231	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of	Status Desired ()	
Name and	Address o	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SUITE 120	BELIA AVEN					
	named entite of Florida.	y submits this statement for the	e purpose of changing	ts registered office or regist	tered agent, or both,	
SIGNATUR	RE:					
	Electr	onic Signature of Registered A	gent	Date		
Election Car	npaign Financ	ing Trust Fund Contribution ().				
OFFICERS	S AND DIRE	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HAGLE, MAF	YBELIA AVENUE SUITE 120	Title: Name: Address: City-St-Zip:	()Change ()Ad	ldition	
Title: Name: Address: City-St-Zip:	P HAGLE, CHA 2062 BUSIN IRVINE, CA	ESS CENTER DRIVE SUITE 115	Title: Name: Address: City-St-Zip:	P (X) Change () Ad HAGLE, CHAD 2070 BUSINESS CENTER DRI IRVINE, CA 92612		
Title: Name: Address: City-St-Zip:	DUNN, DAM	ESS CENTER DRIVE SUITE 115	Title: Name: Address: City-St-Zip:	VP (X) Change () Ad DUNN, DAMON 207- BUSINESS CENTER DRIV IRVINE, CA 92612		
Title:	VP	() Delete	Title:	() Change () Ad	ldition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: MARC HAGLE CEO 02/04/2009