

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28051

Entity Name: ED FRIEND, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1001 CONNECTICUT AVENUE, N.W.
STE 315
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1001 CONNECTICUT AVENUE, N.W.
STE 315
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 52-1659394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESBITT, FREDERICK H
3900 GALT OCEAN DRIVE
APT 2115
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FRIEND, EDWARD H.
Address: 1001 CONNECTICUT AVE, NW, # 315
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: CROWDER, A. N
Address: 159 EAST AVE
City-St-Zip: NEW CANAAN, CT 06840

Title: VD () Delete
Name: MCCRORY, ROBERT T
Address: 1532 E MCGRAW ST
City-St-Zip: SEATTLE, WA 98112

Title: S () Delete
Name: MCGRORY, KARI F
Address: 1532 E MCGRAW ST
City-St-Zip: SEATTLE, WA 98112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: EDWARD H. FRIEND

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04/30/2009

Electronic Signature of Signing Officer or Director

Date