## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000109109

Entity Name: LIBERATOR CORP.

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3233 SE MARICAMP RD 7961 SE 58TH AVE. SUITE 601 STE 102 OCALA, FL 34471 OCALA, FL 34480 **Current Mailing Address: New Mailing Address:** P.O. BOX 1476 OCALA, FL 344781476 FEI Number: 59-3485273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEEWARD, DIRK J LEEWARD, DIRK J 3233 SE MÁRICAMP RD 7961 S.E. 58TH AVE. SUITE 601 STE 102 OCALA, FL 34480 US OCALA, FL 34471 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: 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDT ( ) Delete Title: () Change () Addition LEEWARD, DIRK J Name: Name: PO BOX 1476 Address: Address: City-St-Zip: OCALA, FL 344781476 City-St-Zip: Title: SVP Title: () Change () Addition () Delete Name: LEEWARD, JAMES K Name: 1930 CLATTER BRIDGE RD Address: Address: OCALA, FL 34471 City-St-Zip: 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.

Ρ SIGNATURE: BY: DIRK J LEEWARD 04/28/2009