2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000003570

Entity Name: TDEC OF FLORIDA, INC.

FILED Nov 18, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

4920 ELM STREET SUITE 200

BETHESDA, MD 20814 US

Current Mailing Address: New Mailing Address:

4920 ELM STREET SUITE 200

BETHESDA, MD 20814 US

FEI Number: 52-1445148 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:

QUINN, ED 1207 HILLSBORO MILE UNIT H HILLSBORO BEACH, FL 33062 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: ED QUINN 11/18/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition DUFOUR, G. MAURICE DUFOUR, G. MAURICE Name: Name: 4920 ELM STREET, SUITE 200 4920 ELM STREET, SUITE 200 Address: Address: City-St-Zip: BETHESDA, MD 20814 US City-St-Zip: BETHESDA, MD 20814 US

Title: VP () Delete Title: () Change () Addition

 Name:
 DUFOUR, R. DENNIS
 Name:

 Address:
 4920 ELM STREET, SUITE 200
 Address:

 City-St-Zip:
 BETHESDA, MD 20814 US
 City-St-Zip:

Title: T () Delete Title: VP (X) Change () Addition

 Name:
 DUFOUR, R. DENNIS
 Name:
 DUFOUR, R. DENNIS

 Address:
 4920 ELM STREET, SUITE 200
 Address:
 4920 ELM STREET, SUITE 200

 City-St-Zip:
 BETHESDA, MD 20814 US
 City-St-Zip:
 BETHESDA, MD 20814 US

Title: VP () Delete Title: () Change () Addition

 Name:
 DUFOUR, JOHN R
 Name:

 Address:
 4920 ELM STREET, SUITE 200
 Address:

 City-St-Zip:
 BETHESDA, MD 20814 US
 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: G. MAURICE DUFOUR PRES 11/18/2009