## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000003259

Entity Name: EDB BUSINESS PARTNER AMERICAS, INC

FILED May 04, 2009 Secretary of State

	LBB Box	NIVEOUT / NICTIVE! C/ NIVE! CIO/ CO	, 1140.			
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	TERVILLE RO FON, DE 1980		SUITE 37	10210 HIGHLAND MANOR DRIVE SUITE 375 TAMPA, FL 33610 US		
Current M	ailing Addres	s:	New Mail	New Mailing Address:		
10002 PRINCESS PALM AVENUE SUITE 106 TAMPA, FL 33619 US			SUITE 37	10210 HIGHLAND MANOR DRIVE SUITE 375 TAMPA, FL 33610 US		
FEI Number:	20-4952478	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS The above	SSEE, FL 323	012525 US	ourpose of changing	its registere	d office or registered agent, or both,	
SIGNATUF						
SIGNATO		ic Signature of Registered Age	ent		 Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GORBITZ, MAR	IEN 134, BUILDING 5	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LANGSRUD, JO	IEN 134, BUILDING 5	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BOSTIC, ERIC	Delete MPA STREET #3200 602	Title: Name: Address: City-St-Zip:	P BOSTIC, EF 10210 HIGH TAMPA, FL	HLAND MANOR DRIVE, STE 375	
Title: Name:	ST ( )	Delete ENE	Title: Name:	ST HIBBERT. K	(X) Change()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ERIC J. BOSTIC P 05/04/2009

10002 PRINCESS PALM AVENUE, STE 106

TAMPA, FL 33619

Address:

City-St-Zip:

10210 HIGHLAND MANOR DRIVE, STE 375

TAMPA, FL 33610