## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32980

Name:

Address:

City-St-Zip:

SCALF, CHAD D

63 CASTLE HARBOR ISLE

FT. LAUDERDALE, FL 33308

FILED Jan 11, 2008 Secretary of State

Entity Name: THE LLOYD DANIEL CORPORATION							
Current Principal Place of Business:					New Principal Plac	e of Business:	
1600 S FEI STE 811 POMPANO			US				
Current Mailing Address:					New Mailing Address:		
PO BOX 11 FT LAUDE		. 33339	US				
FEI Number:	59-2109759	FEI Nu	ımber Applied For()	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
SCALF, LLOYD D 1170 N. FEDERAL HWY #1012 FT. LAUDERDALE, FL 33304 US					SCALF, CHAD D 63 CASTLE HARBO FT. LAUDERDALE,		
The above in the State		ty submits	this statement for the	purpose o	f changing its register	red office or registered agent, or both,	
SIGNATURE: CHAD D. SCALF					01/11/2008		
Electronic Signature of Registered Agent					Date		
Election Carr	paign Finan	cing Trust Fo	und Contribution ( ).				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		() Delete DA L, DERAL HWY, RDALE, FL 3			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:		() Delete DYD D, DERAL HWY, RDALE, FL 3			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VSD	( ) Delete			Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHAD D. SCALF VSD 01/11/2008