2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13749

Entity Name: TOD-SIROD, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
C/O GENE M. PRANZO 60 E 42ND ST, 40TH ST 40TH FL NEW YORK, NY 101650006 US			1020 CROS	C/O GENE M. PRANZO !020 CROSSPOINTE DR. , STE. 107 NAPLES,, FL 391100918 US		
Current Mailing Address:			New Maili	New Mailing Address:		
C/O GENE M. PRANZO 60 E 42ND ST, 40TH ST 40TH FL NEW YORK, NY 101650006 US			C/O GENE M. PRANZO 1020 CROSSPOINTE DR. , STE 107 NAPLES, FL 391100918 US			
FEI Number:	22-3724291	FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1201 HAYS SUITE 105		ORPORATION SYSTEM INC. D1 US				
The above in the State		submits this statement for the purp	oose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:		i Oito.	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS:	
Name: Address: City-St-Zip:	D () PRANZO, GENI 60 E 42ND ST, NEW YORK, N	Delete E M, 40TH FL	Title: Name: Address: City-St-Zip:	D (X PRANZO, GEN) Change ()Addition E M, OINTE DR., STE 107	
Name: Address:	PRANZO, GENI 60 E 42ND ST, NEW YORK, N' PD () TALFORD, DOI	Delete E M, 40TH FL / 101650006 Delete RIS K PRANZO 60 E 42 ND ST	Title: Name: Address:	D (X PRANZO, GEN 1020 CROSSP NAPLES, FL 3) Change ()Addition E M, OINTE DR., STE 107	
Name: Address: City-St-Zip: Title: Name: Address:	PRANZO, GENI 60 E 42ND ST, NEW YORK, N' PD () TALFORD, DOI C/O GENE M. F NEW YORK, N' DVP () TALFORD, RIC	Delete E M, 40TH FL / 101650006 Delete RIS K PRANZO 60 E 42 ND ST / 101650006 Delete HARD S., PRANZO 60 E 42ND ST	Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X PRANZO, GEN 1020 CROSSP NAPLES, FL 3) Change ()Addition E M, OINTE DR., STE 107 91100918	

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: GENE M. PRANZO D 02/10/2009