

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088761

FILED
Jan 15, 2009
Secretary of State

Entity Name: TDH CAPITAL GROUP, LLC

Current Principal Place of Business:

122 BERMUDA CIRCLE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 338
MADISON, AL 35758 US

New Mailing Address:

FEI Number: 26-0812301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: A2Z INNOVATIONS, INC, .
Address: 104 STARGATE DRIVE
City-St-Zip: MADISON, AL 35758 US

Title: MGRM () Delete
Name: YOURPRODUCTTEAM, INC, .
Address: 122 BERMUDA CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: ANDERSON HOME CONSTR, UCTION INC
Address: 830 SYMPHONY ISLES BLVD.
City-St-Zip: APOLLO BEACH, FL 33572 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A2Z INNOVATIONS, INC.

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date