2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000020943

Entity Name: NATIONAL DISTRIBUTOR NETWORK, LLC

Current Principal Place of Business:

6700 SOUTH FLORIDA AVE.
SUITE 12
LAKELAND, FL 33813 US

New Principal Place of Business:

1628 E. GARY RD
LAKELAND, FL 33801 US

Current Mailing Address:

6700 SOUTH FLORIDA AVE.
SUITE 12
LAKELAND, FL 33813 US

New Mailing Address:

1628 E. GARY RD
LAKELAND, FL 33801 US

FEI Number: 37-1562352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLAGHER, TIMOTHY M
6700 SOUTH FLORIDA AVE
SUITE 12
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

GALLAGHER, TIMOTHY M
1628 E. GARY RD
LAKELAND, FL 33801 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: TIMOTHY M GALLAGHER 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GALLAGHER, TIMOTHY M
Address: 6700 SOUTH FLORIDA AVE. SUITE 12
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GALLAGHER, TIMOTHY M
Address: 1628 E. GARY RD
City-St-Zip: LAKELAND, FL 33801 US

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: TIMOTHY M GALLAGHER MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date