2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L08000021895

Entity Name: INTERNATIONAL DEVELOPMENT & FINANCE GROUP, LLC

Current Principal Place of Business:

845 N. GARLAND AVE
200
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

845 N. GARLAND AVE
200
ORLANDO, FL 32801 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

NEMEH, VIENNA
845 N. GARLAND AVE
200
ORLANDO, FL 32801 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: THOMAS, NIGEL
Address: 845 N. GARLAND AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM (X) Delete
Name: NEMEH, VIENNA
Address: 845 N. GARLAND AVE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM (X) Delete
Name: RAMPERSAD, RENNIE
Address: 845 N. GARLAND AVE
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEMEH, VIENNA
Address: 845 N. GARLAND AVE
City-St-Zip: ORLANDO, FL 32801 US

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: VIENNA NEMEH MGR 04/09/2009

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