2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# M17707

Entity Name: TT DISTRIBUTORS, INC.

Current Principal Place of Business:

7715 W HWY 40
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

7715 W HWY 40
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-2561541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINDRED, THOMAS E.
10291 W HWY 40
OCALA, FL 34482 US

Name and Address of New Registered Agent:

BARBER, DEBRA D VP
21625 SW 87TH LOOP
DUNNELLON, FL 34431 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: DEBRA BARBER 02/18/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KINDRED, THOMAS E.,
Address: 10291 W HWY 40
City-St-Zip: OCALA, FL

Title: V ( ) Delete
Name: BARBER, DEBRA
Address: 21625 SW 87TH LOOP
City-St-Zip: DUNNELLON, FL 34431

Title: S ( ) Delete
Name: BARBER, DANA M
Address: 21625 SW 87TH LOOP
City-St-Zip: DUNNELLON, FL 34431

Title: T ( ) Delete
Name: KINDRED, JUDITH L
Address: 10291 W HWY 40
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DEBRA BARBER V 02/18/2009
Electronic Signature of Signing Officer or Director Date