2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56859

Entity Name: DRDD, INCORPORATED

FILED Apr 10, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

7485 W SAMPLE ROAD 6855 LYONS TECH. CIRCLE CORAL SPRINGS, FL 33065 US

SUITE 18

COCONUT CREEK, FL 33073 US

Current Mailing Address: New Mailing Address:

7485 W SAMPLE ROAD 6855 LYONS TECH. CIRCLE

CORAL SPRINGS, FL 33065 US SUITE 18

COCONUT CREEK, FL 33073 US

FEI Number: 65-0014072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEPARD & LESKAR, P.A. 100 S. PINE ISLAND RD., #201 PLANTATION, FL 33324

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HIRSTREET, DEBRA P. HIRSTREET, DEBRA P. Name: Name: 7485 W SAMPLE ROAD 6855 LYONS TECH CIRCLE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: COCONUT CREEK, FL 33073

Title: VΡ Title: () Delete () Change () Addition

SANDERS, SUSAN Name: Name: 249-22 60TH AVENUE Address: Address: LITTLENECK, NE 11362 City-St-Zip: City-St-Zip:

() Delete Title: Title: VΡ VΡ (X) Change () Addition

ZUB, JENIFER A Name: ZUB, JENIFER A Name:

7485 WEST SAMPLE ROAD 6855 LYONS TECH CIRCLE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: COCONUT CREEK, FL 33073

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 P HIRSTREET OWNE 04/10/2009