

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008729

FILED
Jan 08, 2009
Secretary of State

Entity Name: TRAUMA REDUCTION INC.

Current Principal Place of Business:

18802 AVENUE BIARRITZ
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

18802 AVENUE BIARRITZ
LUTZ, FL 33558

New Mailing Address:

FEI Number: 01-0571511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNALLY, LISE M
18802 AVENUE BIARRITZ
LUTZ, FL 33558 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EUBANK, MARYSE M
Address: 3804 DANEWOOD DRIVE
City-St-Zip: RICHMOND, VA 23233 US

Title: D () Delete
Name: MCNALLY, VINCENT J
Address: 18802 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558 US

Title: T () Delete
Name: MCNALLY, LISE M
Address: 18802 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558 US

Title: T () Delete
Name: MILLER, ANNICK M
Address: 4415 MERRICK RUN LANE
City-St-Zip: VALRICO, FL 33594 US

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: T (X) Change () Addition
Name: MILLER, ANNICK M
Address: 1925 SUMMIT RIDGE
City-St-Zip: FLEMMING ISLAND, FL 32003 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT J. MCNALLY

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date