2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P00000107466

Entity Name: HOUSE OF DAVID DISTRIBUTORS, INC.

Current Principal Place of Business:

731 KIRKMAN RD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

731 KIRKMAN RD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3680243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIOLA, THOMAS
731 KIRKMAN RD
ORLANDO, FL 32811 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CIOLA, THOMAS
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: ST ( ) Delete
Name: CIOLA, MARCIA
Address: 731 KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CIOLA, PAUL
Address: 4705 FAUST CT.
City-St-Zip: ORLANDO, FL 32817

Title: ST (X) Change ( ) Addition
Name: BRISBOIS, AMY
Address: 15401 AMBERBEAM BLVD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Change (X) Addition
Name: PONTZIUS, LEAH
Address: 13929 FAIRWAY ISLAND DR. # 826
City-St-Zip: ORLANDO, FL 32837

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: PAUL CIOLA PRES 06/16/2009

Electronic Signature of Signing Officer or Director Date