

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000043710

FILED
Apr 30, 2009
Secretary of State**Entity Name:** TOLLEFSON DEVELOPMENT OF FLORIDA, INC.**Current Principal Place of Business:**20520 KEOKUK AVENUE
SUITE 200
LAKEVILLE, MN 55044 US**New Principal Place of Business:****Current Mailing Address:**20520 KEOKUK AVENUE
SUITE 200
LAKEVILLE, MN 55044 US**New Mailing Address:****FEI Number:** 55-0788172**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.
3500 S DUPONT HWY
DOVER, FL 19901 US**Name and Address of New Registered Agent:**INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: EDIE WHITEBREAD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOLLEFSON, CARL R
Address: 20520 KEOKUK AVENUE, SUITE 200
City-St-Zip: LAKEVILLE, MN 55044 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOLLEFSON, CARL R
Address: 20520 KEOKUK AVENUE, SUITE 200
City-St-Zip: LAKEVILLE, MN 550446084 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL R TOLLEFSON

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date