

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051607

Entity Name: CONAD, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1900 BENJAMIN FRANKLIN DRIVE, VILLA 6
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

PIETER GORUSSTRAAT 23
ZELE, BE 9240 BE

New Mailing Address:

FEI Number: 98-0352093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR. ESQ
1990 MAIN STREET
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE WAELE, RITA
Address: PIETER GORUSSTRAAT 23
City-St-Zip: ZELE, BE 9240 BE

Title: D () Delete
Name: VAN CAUTER, PATRIK
Address: PIETER GORUSSTRAAT 23
City-St-Zip: ZELE, BE 9240 BE

Title: D () Delete
Name: VAN CAUTER, CHRISTOPHE
Address: ALBRT I-LAAN 10710205 8620 NIEUWPOORT
City-St-Zip: NIEUWPOORT, BE 8620 BE

Title: D (X) Delete
Name: VAN CAUTER, ANNELIES
Address: PIETER GORUSSTRAAT 23
City-St-Zip: ZELE, BE 9240 BE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: VAN CAUTER, ANNELIES
Address: PIETER GORUSSTRAAT
City-St-Zip: ZELE, BE 9240 BE

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: VAN CAUTER PATRIK

D

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date