

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066353

Entity Name: UDI HOLDING COMPANY, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

1605 E PLAZA DR STE 102
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P O BOX 5496
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 01-0728074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROMER, RAY E JR
440 N MONROE ST
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: CROMER, RAY E JR
Address: 440 N MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: CONT () Delete
Name: BROWN, LISA D
Address: 1605 E PLAZA DR STE 102
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: GIACOBBE, JAMES
Address: 1605 E PLAZA DR, STE 102
City-St-Zip: TALLAHASSEE, FL 32308

Title: DIR () Delete
Name: ENFINGER, WILLIAM C
Address: 303 E WASHINGTON ST
City-St-Zip: CHATTAHOOCHEE, FL 32324

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA D BROWN, CCUE, CONTROLLER

CONT

04/02/2007

Electronic Signature of Signing Officer or Director

Date