

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069590

FILED
Jan 16, 2009
Secretary of State

Entity Name: TECHNICAL DIVERSITY SYSTEMS, INC.

Current Principal Place of Business:

283 CRANES ROOST BLVD.
SUITE 111
ALTAMONTE SPRINGS, FL 32704

Current Mailing Address:

283 CRANES ROOST BLVD.
SUITE 111
ALTAMONTE SPRINGS, FL 32704

New Principal Place of Business:

283 CRANES ROOST BLVD.
SUITE 111
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

283 CRANES ROOST BLVD.
SUITE 111
ALTAMONTE SPRINGS, FL 32701

FEI Number: 45-0517465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLOVER, FREDERICK D
283 CRANES ROOST BLVD.
SUITE 111
ALTAMONTE SPRINGS, FL 32704 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: ODT () Delete
Name: GLOVER, FREDERICK D
Address: 910 LAKE DESTINY RD. UNIT-F
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: GIPSON, GAROLD
Address: 910 LAKE DESTINY RD. UNIT-F
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: GLOVER, MARY D
Address: 910 LAKE DESTINY RD. UNIT-F
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: ROSS, GARLAND
Address: 1121 WASHINGTON AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: SCOTT, CYNTHIA
Address: 12041 FAMBRIDGE RD.
City-St-Zip: ORLANDO, FL 32837

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:

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: FREDERICK D. GLOVER, CEO

ODT

01/16/2009

Electronic Signature of Signing Officer or Director

Date