

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075668

FILED
Mar 20, 2009
Secretary of State

Entity Name: DEPENDABLE DELIVERIES INC.

Current Principal Place of Business:

844 THURINGER STREET NW
PALM BAY, FL 32907 US

New Principal Place of Business:

874THURINGER STREET NW
PALM BAY, FL 32907 US

Current Mailing Address:

P.O BOX 110015
PALM BAY, FL 32911 US

New Mailing Address:

874THURINGER STREET NW
PALM BAY, FL 32907 US

FEI Number: 20-2846709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKEY, AMANDA V
2520 FOREST RUN DRIVE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

CATALDO, MICHAEL
874 THURINGER STREET
PALM BAY, FL 32907 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: MICHAEL CATALDO

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATALDO, MICHAEL E OWNER
Address: 844 THURINGER STREET
City-St-Zip: PALM BAY, FL 32907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CATALDO, MICHAEL E OWNER
Address: 874 THURINGER STREET
City-St-Zip: PALM BAY, FL 32907 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: MICHAEL CATALDO

DPST

03/20/2009

Electronic Signature of Signing Officer or Director

Date