

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136052

Entity Name: TRACY NIELSEN, INC.

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

35 HILL AVE APT 2
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

35 HILL AVE APT 2
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-3634985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIELSEN, TRACY
739 SPRING ISLAND WAY
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

NIELSEN, TRACY
35 HILL AVE APT 2
ORLANDO, FL 32801 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: TRACY NIELSEN

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: NIELSEN, TRACY
Address: 739 SPRING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

Title: VP/T () Delete
Name: NIELSEN, TRACY
Address: 739 SPRING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: NIELSEN, TRACY
Address: 739 SPRING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: NIELSEN, TRACY
Address: 35 HILL AVE APT 2
City-St-Zip: ORLANDO, FL 32801

Title: VP/T (X) Change () Addition
Name: NIELSEN, TRACY
Address: 35 HILL AVE APT 2
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Change () Addition
Name: NIELSEN, TRACY
Address: 35 HILL AVE APT 2
City-St-Zip: ORLANDO, FL 32801

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: TRACY NIELSEN

P/D

02/17/2009

Electronic Signature of Signing Officer or Director

Date