

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100683

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: DURAMADE, INC.

## Current Principal Place of Business:

201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## New Principal Place of Business:

5733 MYERLAKE CIRCLE  
CLEARWATER, FL 33760

## Current Mailing Address:

201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602

## New Mailing Address:

5733 MYERLAKE CIRCLE  
CLEARWATER, FL 33760

FEI Number: 20-5360159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODWIN, JAMES W ESQ.  
201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 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: CEOP ( ) Delete  
Name: DELIA, GARY  
Address: 201 N. FRANKLIN STREET #2000  
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete  
Name: DELIA, KAREN  
Address: 201 N. FRANKLIN STREET #2000  
City-St-Zip: TAMPA, FL 33602

Title: CFOT (X) Delete  
Name: GRAY, RAND L  
Address: 201 N. FRANKLIN STREET #2000  
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete  
Name: GRAY, RAND L  
Address: 201 N. FRANKLIN STREET #2000  
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete  
Name: DELIA, GARY  
Address: 201 N. FRANKLIN STREET #2000  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DELIA, GARY  
Address: 5733 MYERLAKE CIRCLE  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Change ( ) Addition  
Name: DELIA, KAREN  
Address: 5733 MYERLAKE CIRCLE  
City-St-Zip: CLEARWATER, FL 33760

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: GARY DELIA

PD

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date