2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P06000145556

Entity Name: MY SUPPLY DEPOT, INC.

Current Principal Place of Business:

16122 N. FLORIDA AVE.
LUTZ, FL 335496129

New Principal Place of Business:

Current Mailing Address:

16122 N. FLORIDA AVE.
LUTZ, FL 335496129

New Mailing Address:

FEI Number: 20-5917003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONEY, CHERYL
503 WOODCREST ROAD
BRANDON, FL 335117231 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:	D/VP	( ) Delete
Name:	MAHONEY, CHERYL	
Address:	503 WOODCREST ROAD	
City-St-Zip:	BRANDON, FL 335117231	
Title:	D	( ) Delete
Name:	MAHONEY, TERRY M	
Address:	503 WOODCREST ROAD	
City-St-Zip:	BRANDON, FL 335117231	
Title:	D/PR	( ) Delete
Name:	LEMROW, ELIZABETH A	
Address:	311 PINE BLUFF DRIVE	
City-St-Zip:	LUTZ, FL 335495001	
Title:	D	( ) Delete
Name:	LEMROW, BARRY E	
Address:	311 PINE BLUFF DRIVE	
City-St-Zip:	LUTZ, FL 335495001	
Title:	D/ST	( ) Delete
Name:	MCKEE, HUGH III	
Address:	1211 OXBRIDGE DRIVE	
City-St-Zip:	LUTZ, FL 335499324	
Title:	D	( ) Delete
Name:	MCKEE, DEBRA J	
Address:	1211 OXBRIDGE DRIVE	
City-St-Zip:	LUTZ, FL 335499324	

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:	
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: CHERYL M. MAHONEY D/VP 04/24/2009

Electronic Signature of Signing Officer or Director — Date