## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000040237

Entity Name: ABD AMERICA CORP

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

 5950 LAKEHURST DR
 5950 LAKEHURST DR

 STE 236
 STE 250

 ORLANDO, FL 32819
 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

 5950 LAKEHURST DR
 5950 LAKEHURST DR

 STE 236
 STE 250

 ORLANDO, FL 32819
 ORLANDO, FL 32819

FEI Number: 20-8757592 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAFETY BUSINESS INC
6220 S. ORANGE BLOSSOM TRAIL
STE 603
ORLANDO, FL 32809 US
SAFETY BUSINESS LLC
6220 S. ORANGE BLOSSOM TRAIL
STE 603
ORLANDO, FL 32809 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.

City-St-Zip:

SIGNATURE: CRISTINA RIVERA 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

ORLANDO, FL 32819

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORLANDO, FL 32837

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: DAVID, HERIC PAVID, HERIC

Address: 5950 LAKEHURST DR STE 169 Address: 5950 LAKEHURST DR STE 250

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: DAVID. MARCIO Name: DAVID. MARCIO

Address: 3236 HERONS POINT CIR Address: 14328 WESTSHIRE DR
City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: ORLANDO, FL 32837

Name: DAVID, MARTA D Name: DAVID, MARTA D

 Address:
 5950 LAKEHURST DR STE 169
 Address:
 5950 LAKEHURST DR STE 250

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 DAVID, MARISA N
 Name:
 DAVID, MARISA N

 Address:
 5950 LAKEHURST DR STE 169
 Address:
 14328 WESTSHIRE DR

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.

City-St-Zip:

SIGNATURE: MARCIO DAVID VP 04/21/2009