

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042192

Entity Name: NDL SERVICES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2845 BUCKHORN PRESERVE BOULEVARD  
VALRICO, FL 33594

## New Principal Place of Business:

2845 BUCKHORN PRESERVE BLVD  
VALRICO, FL 33596 US

## Current Mailing Address:

POST OFFICE BOX 1146  
VALRICO, FL 33595

## New Mailing Address:

2845 BUCKHORN PRESERVE BLVD  
VALRICO, FL 33596

FEI Number: 20-8816229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33596 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: YODER, CHRISTINA  
Address: 2845 BUCKHORN PRESERVE BOULEVARD  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: YODER, CHRISTINA  
Address: 2845 BUCKHORN PRESERVE BLVD  
City-St-Zip: VALRICO, FL 33596 US

Title: CEO ( ) Change (X) Addition  
Name: YODER, DOUGLAS  
Address: 2845 BUCKHORN PRESERVE BLVD  
City-St-Zip: VALRICO, FL 33596 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: CHRISTINA YODER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date