

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057735

FILED
Feb 24, 2009
Secretary of State

Entity Name: MDD ENTERPRISE PARTNERS CORPORATION

Current Principal Place of Business:

445 SOUTH MAIN STREET
POLAND, OH 44514 US

New Principal Place of Business:

Current Mailing Address:

445 SOUTH MAIN STREET
POLAND, OH 44514 US

New Mailing Address:

FEI Number: 74-3214810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE & COMPANY SECRETARIES, INC.
355 ALHAMBRA CIRCLE
SUITE 1100
MIAMI, FL 33134 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: DIR () Delete
Name: OHLY, JANE
Address: 4309 AUTUMN RIDGE LANE
City-St-Zip: SANDUSKY, OH 44870 US

Title: DIR () Delete
Name: LYDEN, MARK
Address: 5565 AIRPORT HIGHWAY
City-St-Zip: TOLEDO, OH 43615 US

Title: DIR () Delete
Name: SWEENEY, DOUGLAS
Address: 445 SOUTH MAIN STREET
City-St-Zip: POLAND, OH 44514 US

Title: P () Delete
Name: OHLY, JANE
Address: 4309 AUTUMN RIDGE LANE
City-St-Zip: SANDUSKY, OH 44870 US

Title: S () Delete
Name: SWEENEY, DOUGLAS
Address: 445 SOUTH MAIN STREET
City-St-Zip: POLAND, OH 44514

Title: T () Delete
Name: LYDEN, MARK
Address: 5565 AIRPORT HIGHWAY
City-St-Zip: TOLEDO, OH 43615 US

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
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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: DOUGLAS SWEENEY

DIR

02/24/2009

Electronic Signature of Signing Officer or Director

Date