

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076538

FILED
Apr 20, 2009
Secretary of State

Entity Name: TRADITION INVESTMENT MANAGEMENT, INC.

Current Principal Place of Business:

5475 NW ST JAMES BLVD
SUITE 187
PORT ST LUCIE, FL 34983

Current Mailing Address:

5475 NW ST JAMES BLVD
SUITE 187
PORT ST LUCIE, FL 34983

New Principal Place of Business:

5475 NW ST JAMES BLVD
SUITE 187
PORT ST LUCIE, FL 34983 US

New Mailing Address:

5475 NW ST JAMES BLVD
SUITE 187
PORT ST LUCIE, FL 34983 US

FEI Number: 26-0471920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HJORLEIFSSON, MICHELE
420 NE DEEP WATER COVE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

HJORLEIFSSON, MICHELE MR
420 NE DEEP WATER COVE
SUITE 187
PORT ST LUCIE, FL 34983 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: MICHELE HJORLEIFSSON

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HJORLEIFSSON, MICHELE
Address: 420 NE DEEP WATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HJORLEIFSSON, MICHELE MR
Address: 420 NE DEEP WATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP () Change (X) Addition
Name: HJORLEIFSSON, MICHELE MR
Address: 420 NE DEEP WATER COVE
City-St-Zip: PORT SAINT LUCIE, FL 34983 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: MICHELE HJORLEIFSSON

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date