

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087877

FILED
Apr 28, 2009
Secretary of State

Entity Name: TRU-WALL SYSTEMS, INC.

Current Principal Place of Business:

2051 GLOBAL COURT
SARASOTA, FL 34240 US

New Principal Place of Business:

7421 CASTLE DRIVE
SARASOTA, FL 34240 US

Current Mailing Address:

P.O. BOX 50606
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 26-0689062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 342057734 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: P () Delete
Name: MORICE, DELORES
Address: 5325 ANTOINETTE
City-St-Zip: SARASOTA, FL 34232

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCOY, CHARLES D
Address: 7421 CASTLE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: ST () Change (X) Addition
Name: MCCOY, PAMELA M
Address: 7421 CASTLE DRIVE
City-St-Zip: SARASOTA, FL 34240

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: PAMELA M. MCCOY

ST

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date