2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P08000004604

Entity Name: ACADEMIC INFORMATION AND DIRECTORIES, INC

Current Principal Place of Business:

4721 E. MOODY BLVD
UNIT # 101
BUNNELL, FL 32110

New Principal Place of Business:

14 PALM HARBOR VILLAGE WAY
PALM COAST, FL 32137

Current Mailing Address:

4721 E. MOODY BLVD
UNIT # 101
BUNNELL, FL 32110

New Mailing Address:

14 PALM HARBOR VILLAGE WAY
PALM COAST, FL 32137

FEI Number: 26-1746355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSSON, KJELL
4721 E. MOODY BLVD
UNIT # 101
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

LARSSON, KJELL
14 PALM HARBOR VILLAGE WAY
PALM COAST, FL 32110 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: KJELL LARSSON 06/16/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZACHRISSON, VIGGO
Address: KARLAVAGEN 75
City-St-Zip: STOCKHOLM, SWEDEN, SE 11449 SE

Title: D ( ) Delete
Name: SANDGREN, DAVID
Address: SIGYNVAGEN 8
City-St-Zip: DJURSHOLM, SWEDEN, SE 18264 SE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KJELL LARSSON M 06/16/2009
Electronic Signature of Signing Officer or Director Date