

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013663

Entity Name: TICKETDERBY, INC.

FILED
Jul 20, 2009
Secretary of State

Current Principal Place of Business:

7995 MAHOGANY RUN LANE
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

6755 MIRA MESA BLVD. #123-196
SAN DIEGO, CA 921214311

New Mailing Address:

FEI Number: 26-1809528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, CONSTANCE M
247 N. COLLIER BLVD., SUITE 202
MARCO ISLAND, FL 34145 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

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: P () Delete
Name: BURKE, PAUL
Address: 942 NO. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: BOFF, JOSEPH D
Address: 942 NO. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: TS () Delete
Name: BURKE, AN CARI
Address: 942 NO. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURKE, PAUL
Address: 7995 MAHOGANY RUN LANE
City-St-Zip: NAPLES, FL 34113

Title: VP (X) Change () Addition
Name: BOFF, JOSEPH D
Address: 7995 MAHOGANY RUN LANE
City-St-Zip: NAPLES, FL 34113

Title: TS (X) Change () Addition
Name: BURKE, AN CARI
Address: 7995 MAHOGANY RUN LANE
City-St-Zip: NAPLES, FL 34113

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: PAUL BURKE

P

07/20/2009

Electronic Signature of Signing Officer or Director

Date