

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085566

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: TMD SILLY WILLY VENTURES, INC.

**Current Principal Place of Business:**

160 32ND CT. SW  
VERO BEACH, FL 32968

**New Principal Place of Business:**

160 32ND CT SW  
VERO BEACH, FL 32968

**Current Mailing Address:**

160 32ND CT. SW  
VERO BEACH, FL 32968

**New Mailing Address:**

160 32ND CT SW  
VERO BEACH, FL 32968

FEI Number: 26-3253721

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

USA-RA, LLC  
841 PRUDENTIAL DR., 12TH FLR.  
JACKSONVILLE, FL 32207 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: KOTTWITZ, LISA  
Address: 160 32ND CT. SW  
City-St-Zip: VERO BEACH, FL 32968

Title: S, T ( ) Delete  
Name: KOTTWITZ, LISA  
Address: 160 32ND CT. SW  
City-St-Zip: VERO BEACH, FL 32968

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KOTTWITZ, LISA M  
Address: 160 32ND CT SW  
City-St-Zip: VERO BEACH, FL 32968

Title: S, T (X) Change ( ) Addition  
Name: KOTTWITZ, LISA M  
Address: 160 32ND CT SW  
City-St-Zip: VERO BEACH, FL 32968

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: LISA M KOTTWITZ

P

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date