2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# P08000089546

Entity Name: TRUE NORTH DISTRIBUTING, INC.

Current Principal Place of Business:

11 PRAWN ST.
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

11 PRAWN ST.
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

PO BOX 251
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 26-3474864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANSEN, KATHRYN
11 PRAWN ST.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HANSEN, KATHRYN A
404 BIG TREE ROAD
PONTE VEDRA BEACH, FL 32082 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: KATHRYN A HANSEN 06/02/2009
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: P, D ( ) Delete
Name: HANSEN, KATHRYN
Address: 11 PRAWN ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: S, D ( ) Delete
Name: HANSEN, CLAY
Address: 11 PRAWN ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: T (X) Delete
Name: HANSEN, KATHRYN
Address: 11 PRAWN ST.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HANSEN, KATHRYN A
Address: 404 BIG TREE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VPRE (X) Change ( ) Addition
Name: HANSEN, CLAY M
Address: 404 BIG TREE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: KATHRYN A HANSEN PRES 06/02/2009
Electronic Signature of Signing Officer or Director Date