

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107512

FILED  
Aug 04, 2009  
Secretary of State

Entity Name: NATIONAL SAVINGS DIRECTORY, INC

## Current Principal Place of Business:

#59J 4270 ALOMA AVE  
SUITE 124  
WINTER PARK, FL 32792

## Current Mailing Address:

#59J 4270 ALOMA AVE  
SUITE 124  
WINTER PARK, FL 32792

FEI Number: 26-3846139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## New Principal Place of Business:

5840 RED BUG LAKE ROAD  
#420  
WINTER SPRINGS, FL 32708

## New Mailing Address:

5840 RED BUG LAKE ROAD  
#420  
WINTER SPRINGS, FL 32708

## Name and Address of Current Registered Agent:

WATSON, TAMARA  
#59J 4270 ALOMA AVE  
SUITE 124  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

WATSON, TAMARA  
5840 RED BUG LAKE ROAD  
#420  
WINTER SPRINGS, FL 32708 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:

08/04/2009

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 (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WATSON, TAMARA  
Address: #59J 4270 ALOMA AVE SUITE 124  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: WATSON, TAMARA  
Address: #59J 4270 ALOMA AVE SUITE 124  
City-St-Zip: WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WATSON, TAMARA  
Address: 5840 RED BUG LAKE ROAD #420  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change ( ) Addition  
Name: WATSON, JAMES  
Address: 5840 RED BUG LAKE ROAD #420  
City-St-Zip: WINTER SPRINGS, FL 32708

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: TAMARA WATSON

P

08/04/2009

Electronic Signature of Signing Officer or Director

Date