2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P95000015492

Entity Name: TDT LOGISTICS, INC.

Current Principal Place of Business:

4458 S. US HIGHWAY 441
LAKE CITY, FL 32025 US

New Principal Place of Business:

6115 SW LELAND AVENUE
DES MOINES, IA 50321 US

Current Mailing Address:

4458 S. US HIGHWAY 441
LAKE CITY, FL 32025 US

New Mailing Address:

6115 SW LELAND AVENUE
DES MOINES, IA 50321 US

FEI Number: 59-3306356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ANNETT, TIM
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: VP ( ) Delete
Name: CLARK, LARRY J
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: SEC ( ) Delete
Name: ANNETT, HARROLD W
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: TREA ( ) Delete
Name: ANNETT, HARROLD W
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: VP ( ) Delete
Name: MCCRAVY, GLEN
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: D ( ) Delete
Name: ANNETT, HARROLD W
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ANNETT, HARROLD W
Address: 6115 SW LELAND AVENUE
City-St-Zip: DES MOINES, IA 50321 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HARROLD W. ANNETT P 03/25/2009

Electronic Signature of Signing Officer or Director Date