2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P95000055841

Entity Name: PDMF PROPERTIES, INC.

Current Principal Place of Business:

4930 STATE ROAD
CLEVELAND, OH 44134

New Principal Place of Business:

Current Mailing Address:

4930 STATE ROAD
CLEVELAND, OH 44134

New Mailing Address:

FEI Number: 34-1806865 **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: PD ( ) Delete
Name: TRZCINSKI, RONALD
Address: 12769 PATRICIA DRIVE
City-St-Zip: NORTH ROYALTON, OH 44133

Title: VPD ( ) Delete
Name: CARLSON, LAWRENCE
Address: 5210 PARK DRIVE
City-St-Zip: MEDINA, OH 44256

Title: VPD ( ) Delete
Name: STROUP, DOUGLAS
Address: 7632 VINE MONT CT.
City-St-Zip: HUDSON, OH 44236

Title: STD ( ) Delete
Name: TRZCINSKI, CHERYL
Address: 8220 TANGLEWOOD LANE
City-St-Zip: PARMA, OH 44129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAURA TURNER CPA 01/25/2009

Electronic Signature of Signing Officer or Director Date