2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# P96000046358

Entity Name: PMTD, INC.

Current Principal Place of Business:

1 JOHN ANDERSON DRIVE
#413
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

PMTD INC
PO BOX 2967
ORMOND BEACH, FL 321752967 US

New Mailing Address:

FEI Number: 59-3422209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPPER, E. PETER
1 JOHN ANDERSON DRIVE
#413
ORMOND BEACH, FL 32176 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:	HOPPER, M. FRANCES	
Address:	1 JOHN ANDERSON DR. #413	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	V	( ) Delete
Name:	DOUGLAS, HOPPER W	
Address:	406 OLDE ORCHARD LANE	
City-St-Zip:	SHELBURNE, VT 05482	
Title:	D	( ) Delete
Name:	HOPPER, PETER J	
Address:	466 JUNIPER RIDGE	
City-St-Zip:	SHELBURNE, VT 05482	
Title:	ST	( ) Delete
Name:	HOPPER, TIMOTHY S	
Address:	17 KEARI LANE	
City-St-Zip:	SOUTH BURLINGTON, VT 05403	
Title:	D	( ) Delete
Name:	HOPPER, MICHAEL A	
Address:	8 DELA POUDRIERE #106	
City-St-Zip:	MONTREAL, QUEBEC, CANADA, HG4 3J1	
Title:	D	( ) Delete
Name:	COCULUZZI, PAMELA	
Address:	78 GRENADIER WAY	
City-St-Zip:	NEPEAN, ONTARIO, CANADA, K2J 4L5	

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:	
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: PETER E. HOPPER D 03/18/2009

Electronic Signature of Signing Officer or Director — Date