2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P96000057440

Entity Name: TRUST DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

114 NORTHEAST FIRST STREET
TRENTON, FL 32693

New Principal Place of Business:

114 NORTHEAST FIRST STREET
TRENTON, FL 32693 US

Current Mailing Address:

114 NORTHEAST FIRST STREET
POST OFFICE BOX 308
TRENTON, FL 32693

New Mailing Address:

114 NORTHEAST FIRST STREET
POST OFFICE BOX 308
TRENTON, FL 32693 US

FEI Number: 59-3393324 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 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: BURT, THEODORE M
Address: 114 NE 1ST ST., PO BOX 308
City-St-Zip: TRENTON, FL 32693

Title: VPST ( ) Delete
Name: DELISI, KATHLEEN
Address: 1058 ROARING FORK ROAD
City-St-Zip: HOT SPRINGS, NC 28743

Title: S ( ) Delete
Name: BURT, PAMELA D
Address: 114 NE FIRST STREET
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURT, THEODORE M
Address: 114 NE 1ST ST., PO BOX 308
City-St-Zip: TRENTON, FL 32693 US

Title: VPT (X) Change ( ) Addition
Name: DELISI, KATHLEEN
Address: 1 GABLES PLACE #1
City-St-Zip: WAYNESVILLE, NC 28786 US

Title: S (X) Change ( ) Addition
Name: BURT, PAMELA D
Address: 114 NE FIRST STREET
City-St-Zip: TRENTON, FL 32693 US

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: THEODORE M. BURT P 04/15/2009

Electronic Signature of Signing Officer or Director — Date