

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90113 022 ***150.00

DOCUMENT # P98000071668 1. Entity Name TDI INVESTMENTS, INC.					
Principal Place of Business 6015 SW HWY 200 STE 101 OCALA, FL 34474			Mailing Address P.O. BOX 1476 OCALA, FL 34478		
2. Principal Place of Business 3233 SE Maricamp Road		3. Mailing Address Suite, Apt. #, etc. Suite 601			
Suite, Apt. #, etc. Suite 601		City & State Ocala FL		City & State Ocala FL	
Zip 34471		Country Marion		Zip 34471	
Country Marion		Country Marion		4. FEI Number 65-0857019	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEEWARD, DIRK J 6015 SW HWY 20 STE 101 OCALA, FL 34474			7. Name and Address of New Registered Agent Name Dirk J. Leeward Street Address (P.O. Box Number is Not Acceptable) 3233 SE Maricamp Road Suite 601 City Ocala FL Zip Code 34471		
8. 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. I am familiar with, and accept the obligations of registered agent. BY: Dirk J. Leeward <i>pres</i> 4/13/05 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PSD <input type="checkbox"/> Delete NAME LEEWARD, DIRK J STREET ADDRESS PO BOX 1476 CITY-ST-ZIP OCALA, FL 344781476		TITLE VP <input type="checkbox"/> Delete NAME LEEWARD, JAMES K STREET ADDRESS PO BOX 1476 CITY-ST-ZIP OCALA, FL 344781476		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE: BY: Dirk J. Leeward <i>pres</i> 4/13/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					