2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P99000065535 1. Entity Name SDD TRUST, INC.								05-01-2006 90	0306 03	7 ***150).00	
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address POST OFFICE BOX 5299 TAMPA, FL 33675-5299					·				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04072006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State				4. FEI Numb				plied For t Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required						
	Registered Agent				7. Name and Address of New Registered Agent							
MADDIC T	DACV I	В			Name							
HARRIS, T 701 INDIA PALM HAF	NA AVEN	JË		Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
				-			City Zip Code					
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.						ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE Signature. Type-ph printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.				CHANGES TO OFFICE	ERS AND	DIRECTORS	S IN 11	
TITLE	STDV		☐ De!ete	TITL		MGR		DACV T TD		Change	■ Addition	
NAME STREET ADDRESS		TRACY J JR. NA AVENUE		MAM	E ADDRESS		-	RACY J JR KEARNEY WA	v	•		
CITY-ST-ZIP	1	RBOR, FL 34682			-ST-ZIP			FL 33569	11			
TITLE	PD	<u> </u>	☐ Delete	TITLE	-	MGR				Change	Addition	
NAME	KEARNE	r, BING		NAM	E		RNEY,	BING C.W.,	JR	77	_	
STREET ADDRESS CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP			KEARNEY WA FL 33569	ΥY			
TITLE	TAMPA, F	·L 33602	П вы-	TITL		IXI V	EKVIEW	FB 33307		☐ Change	- Addition	
NAME			☐ Delete	NAM	_					☐ Cliange	☐ Addition	
STREET ADDRESS	ļ				ET ADDRESS							
CITY+ST-ZIP		.==		CITY	-ST-ZIP							
TITLE			☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	EET ADORESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE	<u> </u>		☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM						•		
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP			=		'-ST-ZIP							
TITLE NAME			☐ Delete	TITL	!					☐ Change	☐ Addition	
STREET ADDRESS					EET ADORESS							
CITY-ST-ZIP					-ST-ZIP							
12. I hereby	certify that th	e information supplied with	this filing does not qualify for	or the ex	emptions co	ontained	d in Chapter 11	9, Florida Statutes. I fu	rther certi	fy that the ir	nformation	
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 all other like empowered.												

813-621-0855

Daytime Phone #

TRACY J. HARRIS, JR. 4/12/06