## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000076596

Entity Name: CYCLONE DISTRIBUTING INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13833 WELLINGTON TRACE-E4 STE. 189 WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

13833 WELLINGTON TRACE-E4 STE. 189 WELLINGTON, FL 33414

FEI Number: 65-0948024 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MIELE, JOSEPH

13833 WELLINGTON TRACE STE. 189

WELLINGTON, FL 33414 US

MIELE, JOE

13833 WELLINGTON TRACE STE. 189

WELLINGTON, FL 33414 US

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: JOE MIELE 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

Name: MIELE, JOSEPH Name: MIELE, JOE Address: 14078 GREENTREE DRIVE Address: 14078 GREE

Address: 14078 GREENTREE DRIVE Address: 14078 GREENTREE DRIVE
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

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: JOE MIELE PRES 04/30/2009