2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034544

Entity Name: T3D, INC.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6855 TICC SUITE 11 TITUSVILL	RD. E, FL 32780				
Current Mailing Address:			New Mailing Addres	s:	
	KY RIDGE PLA D, FL 32773	ACE			
FEI Number:	: 59-3636162	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
4208 ROC SANFORE	IOMAS D III KY RIDGE PL D, FL 32773	US	ournose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the	ourpose or changing its registere	d office of registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:				ES TO OFFICERS AND DIRECTORS:	
Name: Address:	SMITH, THOMA	RY WOOD LANE	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SMITH, THOMA 10427 COUNTE HUDSON, FL 3	NS G RY WOOD LANE 84667 Delete MAS BHAM CT #108	Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	SMITH, THOMA 10427 COUNTI HUDSON, FL 3 SD () GOLDEN, THO 938 FRAMLING LAKE MARY, F	AS G RY WOOD LANE 84667) Delete MAS 6HAM CT #108 L 32746) Delete S D III	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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: THOMAS D LAING III TD 03/13/2009