

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22388

FILED
Feb 02, 2009
Secretary of State

Entity Name: IDN-ARMSTRONG'S, INC.

Current Principal Place of Business:

3589 BROAD STREET
CHAMBLEE, GA 30341 US

New Principal Place of Business:

Current Mailing Address:

3589 BROAD STREET
CHAMBLEE, GA 30341 US

New Mailing Address:

FEI Number: 59-1087483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICKLE, JEFF
8406 BENJAMIN ROAD, SUITE H
TAMPA, FL 33634 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: P () Delete
Name: BURKE, JOHN M
Address: 3589 BROAD STREET
City-St-Zip: CHAMBLEE, GA 30341

Title: VP () Delete
Name: KAHL, KAREN H
Address: 7330 WEST MONTROSE AVE
City-St-Zip: NORRIDGE, IL 60706

Title: S () Delete
Name: GROOVER, F. MICHAEL
Address: 2401MUSTANG DR
City-St-Zip: GRAPEVINE, TX 76051

Title: T () Delete
Name: GROOVER, F. MICHAEL
Address: 2401MUSTANG DR
City-St-Zip: GRAPEVINE, TX 76051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM HENDERSON

CONT

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date