2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506918

FILED Apr 22, 2009 Secretary of State

Entity Name: PDR CERTIFIED PUBLIC ACCOUNTANTS, INC.

Current P	rincipal Place	e of Business:	New Principal Place	of Business:
	8. 19 N., SUITE ATER, FL 337			
Current N	lailing Addre	ss:	New Mailing Addres	ss:
	S. 19 N., SUITE ATER, FL 337			
FEI Number	: 59-1687531	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	 19 N., SUITE 			
JLEARW.	ATER, FL 337	611530 08		
The above	,		ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:	submits this statement for the բ		ed office or registered agent, or both,
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Agric Signature of Registered Agr		ed office or registered agent, or both, Date
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the բ		
The above in the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro	submits this statement for the particles of Registered Agragature of Registered Agragature ().	ent	
The above n the Stat SIGNATU Election Ca	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC PD (PRICE, WILLIA 29750 US HW	submits this statement for the particles of Registered Agric Grust Fund Contribution (). CTORS:) Delete AM E	ent	Date
The above n the State SIGNATU Election Ca OFFICER Fitle: Name: Address:	e named entity e of Florida. RE: Electro mpaign Financin S AND DIREC PD (PRICE, WILLIA 29750 US HW CLEARWATER S (MATTEI, KIMB 29750 U.S. 19	submits this statement for the prince Signature of Registered Agray Trust Fund Contribution (). CTORS:) Delete AM E Y 19 N #101 R, FL 337611530) Delete ERLY A.	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: KIMBERLY A. MATTEI S 04/22/2009