2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# 719954

Entity Name: PRIDE INTEGRATED SERVICES, INC.

Current Principal Place of Business:

1310 N. CONGRESS AVENUE
SUITE #200
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1310 N. CONGRESS AVENUE
SUITE #200
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 23-7098114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSIDINE, JOSEPH M
515 N. FLAGLER DR. #702
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	SMITH, TONY	
Address:	335 SW SECOND AVENUE	
City-St-Zip:	SOUTH BAY, FL 33493	
Title:	PD	( ) Delete
Name:	GEORGE, MIM MS.	
Address:	421 3RD STREET	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	D	( ) Delete
Name:	MCGREEVEY, PATRICK	
Address:	421 3RD STREET	
City-St-Zip:	WEST PALM BEACH, FL	
Title:	CFO	( ) Delete
Name:	POTTER, JOHN	
Address:	1897 PALM BEACH LAKES BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33409	
Title:	CEO	( ) Delete
Name:	FERRILL, MAUREEN	
Address:	1310 N. CONGRESS AVENUE - SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33409	

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:		
Title:	CEO	(X) Change ( ) Addition
Name:	BRICKOUS, MAUREEN	
Address:	1310 N. CONGRESS AVENUE - SUITE 200	
City-St-Zip:	WEST PALM BEACH, FL 33409	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN POTTER CFO 03/09/2007

Electronic Signature of Signing Officer or Director — Date