

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719954

FILED
Jul 07, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONSIDINE, JOSEPH M
5201 VILLAGE BLVD
WEST PALM BEACH, FL 33407 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: 117 NOTTINGHAM ROAD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PD () Delete
Name: GEORGE, MIM MS.
Address: 86 MACFARLANE DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: MCGREEVEY, PATRICK
Address: 1958 CHURCH STREET
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CFO () Delete
Name: POTTER, JOHN
Address: 1310 N. CONGRESS AVENUE SUITE #200
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CEO () Delete
Name: BRICKOUS, 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: () 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN POTTER

Electronic Signature of Signing Officer or Director

CFO

07/07/2009

_____ Date