

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000137

FILED
Apr 07, 2009
Secretary of State

Entity Name: PRIDE MOBILITY PRODUCTS CORPORATION

Current Principal Place of Business:

1103 N. 22ND ST.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

182 SUSQUEHANNA AVE.
EXETER, PA 18643

New Mailing Address:

FEI Number: 23-2443538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C () Delete
Name: MEUSER, SCOTT
Address: 44 EAST OVERBROOK ROAD
City-St-Zip: SHAVERTOWN, PA 18708

Title: V () Delete
Name: MEUSER, DAN
Address: 100 OLDFIELD ROAD
City-St-Zip: SHAVERTOWN, PA 18708

Title: V () Delete
Name: KRETCHIK, THOMAS
Address: RR1 BOX 93
City-St-Zip: WYOMING, PA

Title: V () Delete
Name: MEUSER, STANLEY
Address: 5050 NORTH OCEAN DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

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: BRIAN J. SILEO

FA

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date