2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCUMENT 1. Entity Name PD RECOVERY,	# F050000010 INC.)23			5	ecretary	oi Sta
Principal Place of Busines	S	Mailing Address					
1436 LANCASTER AVE,	STE 310	1436 LANCASTER AVE, STE 3	10				
BERWYN, PA 19312		BERWYN, PA 19312					
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				4. FEI Numbe 23-2717		-	Applied For Not Applicable
		The state of the s				\$9.75 .	
				5. Certificate of	of Status Desired	Fee Requi	
6. Nam	e and Address of Current R	egistered Agent	Janka, Sa	to The population of		The state of the state of	4. 4. 25. 15.
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PLANTATION, FL	33324					the state of the	THE PARTY
			a, L. T. Brain	' 'IN I	HIS SP	AUL	
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8. The above named ent	ty submits this statement for	the purpose of changing its registe	red office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar wit	h, and accept
the obligations of regis	stered agent.				•		
SIGNATURESignature, type	d or printed name of registered agent a				•		
		d title if applicable (NOTE: Pagieter	ed Acent expeture required	(when reinstation)		DATE	
	o or printed reality of registering agent as	d title if applicable (NOTE: Register	ed Ageni signäture required	(when reinstating)		DATE	
FILE NOW!! After May 1, 200	FEE IS \$150.00 08 Fee will be \$550.0	9. Election Campaign Fine	ncing _ \$5.	.00 May Be	,	DATE	
FILE NOW!! After May 1, 200	FEE IS \$150.00	Election Campaign Fine Trust Fund Contribution	ncing _ \$5.	.00 May Be	112 July 1 12. 3	DATE	Selvi In
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3/19/08</u>

610-296-3400