

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000000790 1. Entity Name PDG INC.	
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Principal Place of Business 1104 COUNTRY HILLS DR. OGDEN, UT 84403	Mailing Address 1104 COUNTRY HILLS DR. OGDEN, UT 84403
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0448610	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

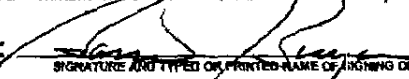
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UD00000513064 04/29/06-80113-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EADES, MICHAEL 1104 COUNTRY HILLS DRIVE OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGON, BARRE G 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ADAMS, J PHILLIP 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAYSON, SCOTT D 1104 COUNTRY HILLS DR. OGDEN, UT 84403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **BARRE G. BURGON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY** **04/10/2006 (801) 624-1601**
Date City/State Phone #