


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90050 002 \*\*\*158.75

<b>DOCUMENT # F96000004805</b>	
1. Entity Name PDS SOLUTIONS, INC.	

Principal Place of Business C/O JOHN SCHAEFER, ESQ. 650 MAIN STREET SAFETY HARBOR, FL 34695	Mailing Address C/O JOHN SCHAEFER, ESQ. 650 MAIN STREET SAFETY HARBOR, FL 34695
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40017949



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2220673	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHAEFER, JOHN 650 MAIN STREET SAFETY HARBOR, FL 34695	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	HALDEMAN, DAVID L
STREET ADDRESS	RR 2 BOX 11
CITY-ST-ZIP	KINGSLEY, PA 18826
TITLE	D <input type="checkbox"/> Delete
NAME	RICKARD, JOAN H
STREET ADDRESS	RR 1 BOX 1502
CITY-ST-ZIP	WAYMART, PA 18472
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	ZUBAVICH, EDWARD J
STREET ADDRESS	840 FOREST ROAD
CITY-ST-ZIP	LAKE ARIEL, PA 18436
TITLE	STD <input type="checkbox"/> Delete
NAME	MORCOM, THERESE R
STREET ADDRESS	RR 1 BOX 1504
CITY-ST-ZIP	WAYMART, PA 18472
TITLE	D <input type="checkbox"/> Delete
NAME	RICKARD, WILLIAM J
STREET ADDRESS	RR 1 BOX 1502
CITY-ST-ZIP	WAYMART, PA 18472
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	WENTWORTH, KIMBERLY R.
CITY-ST-ZIP	157 Edgewood Drive Clarks Summit, PA 18411

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William J. Rickard* 1/20/05 (570) 342-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #