


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90093 026 \*\*\*158.75

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

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O JOHN SCHAEFER, ESQ.<br>650 MAIN STREET<br>SAFETY HARBOR, FL 34695 | Mailing Address<br>C/O JOHN SCHAEFER, ESQ.<br>650 MAIN STREET<br>SAFETY HARBOR, FL 34695 |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                |                    |
|------------------------------------------------|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|------------------------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40076331



03072007 Chg-P CR2E034 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>23-2220673 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                                                                     |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>SCHAEFER, JOHN<br>650 MAIN STREET<br>SAFETY HARBOR, FL 34695 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                            |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CD<br>HALDEMAN, DAVID L<br>RR 2 BOX 11<br>KINGSLEY, PA 18826 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>WENTWORTH, KIMBERLY R<br>157 EDGEWOOD DRIVE<br>CLARKS SUMMIT, PA 18411 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>MORCOM, THERESE R<br>RR 1 BOX 1504<br>WAYMART, PA 18472 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>766 Belmont Tpk.<br>waymart, PA 18472      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P/D<br>RICKARD, WILLIAM J<br>RR 1 BOX 1502<br>WAYMART, PA 18472 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>22 Hedgerow Run<br>Clarks Summit, PA 18411 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |

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:** William J. Rickard 3/16/07 (570) 342-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #