

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004805

Entity Name: PDS SOLUTIONS, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

C/O JOHN SCHAEFER, ESQ.
650 MAIN STREET
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

C/O JOHN SCHAEFER, ESQ.
650 MAIN STREET
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 23-2220673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHAEFER, JOHN
650 MAIN STREET
SAFETY HARBOR, FL 34695 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: CD () Delete
Name: HALDEMAN, DAVID L
Address: RR 2 BOX 11
City-St-Zip: KINGSLEY, PA 18826

Title: V () Delete
Name: WENTWORTH, KIMBERLY R
Address: 157 EDGEWOOD DRIVE
City-St-Zip: CLARKS SUMMIT, PA 18411

Title: STD () Delete
Name: MORCOM, THERESE R
Address: 766 BELMONT TPK
City-St-Zip: WAYMART, PA 18472

Title: P/D () Delete
Name: RICKARD, WILLIAM J
Address: 22 HEDEROW RUN
City-St-Zip: CLARKS SUMMIT, PA 18411

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: KIMBERLY R. WENTWORTH

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date