

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86826

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PEMBERTON SERVICES CORP.

**Current Principal Place of Business:**

1451 CHANNELSIDE DRIVE  
TAMPA, FL 33605

**New Principal Place of Business:**

1090 WATER COURT NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

C/O TDA INDUSTRIES, INC  
122 E. 42ND ST., STE 1618  
NEW YORK, NY 10168

**New Mailing Address:**

FEI Number: 04-2523480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 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: DVTS ( ) Delete  
Name: FRIEDMAN, FREDERICK M.  
Address: 122 EAST 42ND STREET  
City-St-Zip: NEW YORK, NY 10168

Title: CDP ( ) Delete  
Name: FIELDS, DOUGLAS P.  
Address: 122 EAST 42ND STREET  
City-St-Zip: NEW YORK, NY 10168

Title: D ( ) Delete  
Name: SMIRCINA, JOHN, E  
Address: 122 EAST 42ND STREET  
City-St-Zip: NEW YORK, NY 10168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: AS ( ) Change (X) Addition  
Name: LUCILLE MANNO  
Address: 122 EAST 42ND STREET  
City-St-Zip: NEW YORK, NY 10168

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: LUCILLE MANNO

AS

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date