

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 30, 2009
Secretary of State**

DOCUMENT# P00000040938

Entity Name: PETROS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

100 SOUTHPARK BLVD
405
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

100 SOUTHPARK BLVD
405
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3642578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENISCHECK, FRANK
100 SOUTHPARK BLVD
405
ST. AUGUSTINE, FL 32086 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENISCHECK, FRANK
Address: 100 SOUTHPARK BLVD, SUITE 405
City-St-Zip: ST. AUGUSTINE, FL 32086

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENISCHECK, FRANK PRES.
Address: 100 SOUTHPARK BLVD., SUITE 405
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Change (X) Addition
Name: BAJALIA, JEANNETTE VP
Address: 100 SOUTHPARK BLVD., SUITE 405
City-St-Zip: ST. AUGUSTINE, FL 32086

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: FRANK BENISCHECK

D

10/30/2009

Electronic Signature of Signing Officer or Director

_____ Date