


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000085492	
1. Entity Name PURCHASE & DELIVERY ADMINISTRATION SERVICES, INC.	

Principal Place of Business 543 NW 77TH ST, SUITE 200 BOCA RATON, FL 33487	Mailing Address 543 NW 77TH ST, SUITE 200 BOCA RATON, FL 33487
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1046656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEBB, THEODORE O II 543 NW 77TH ST, SUITE 200 BOCA RATON, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

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 (file if applicable). (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, THEODORE O 543 N2W 77TH STREET, SUITE 200 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOODSPEED, PATRICIA H 543 NW 77TH STREET, SUITE 200 BOCA RATON, FL 33487
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IN THIS SPACE**

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: *David A. Webb* **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #