FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90218 029 ***150.00

14010172

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000101532

1. Entity Name
PERSONAL DEVELOPMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~1416 LEWIS STREET~~ 118 SEA MARSH ROAD ~~#201~~ AMELIA ISLAND, FL 32034 US	~~1416 LEWIS STREET~~ 118 SEA MARSH ROAD ~~#201~~ AMELIA ISLAND, FL 32034 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3698841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired? ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COTTLE, STAN ~~1416 LEWIS ST, SUITE 201~~ 118 SEA MARSH ROAD AMELIA ISLAND, FL 32034	Name Street Address (P.O. Box Number is Not Acceptable) City 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: _____
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing) Date

FILE NOW!!! Fee is $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title / Name / Street Address / City-St-Zip	PD COTTLE, STAN ~~1604 REGATTA DRIVE~~ 118 SEA MARSH ROAD AMELIA ISLAND, FL 32034	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	STD TILTON, THEODORE L 1431 PARKVIEW DRIVE ROCHELLE, IL 61068	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley H Cottle STANLEY H. COTTLE PRESIDENT 4/26/04 904-261-0407
SIGNATURE AND TYPED OR PRINTED NAME OF FOR OFFICER OR DIRECTOR Title Date Daytime Phone #