

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P01000085396**  
 1. Entity Name  
 PDL MANAGEMENT, INC.



Principal Place of Business  
 31 WEST 20TH STREET  
 RIVIERA BEACH, FL 33404

Mailing Address  
 C/O PHILIP D. LEWIS  
 PO BOX 9726  
 RIVIERA BEACH, FL 33419

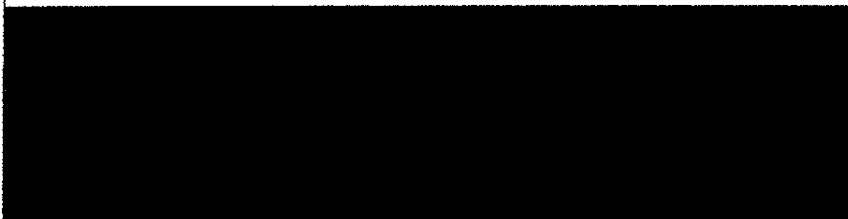


04212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-1138896

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

HAFI, STUART J ESQ  
 C/O ALLEY MAASS ROGERS & LINDSAY PA  
 321 ROYAL POINCIANA PLAZA  
 PALM BEACH, FL

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

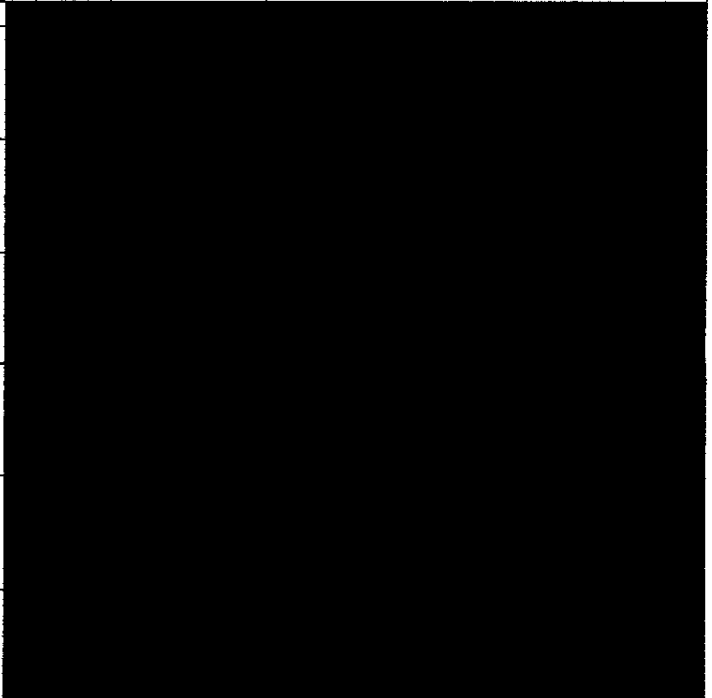
U00000553324  
 05/15/06-00047-004 150.75  
DATE

**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	PD
NAME	LEWIS, PHILIP D
STREET ADDRESS	P.O. BOX 9726
CITY-ST-ZIP	RIVIERA BEACH, FL 33419
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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:** *Philip D. Lewis* **PHILIP D. LEWIS** *President* **4/26/06** *561-844-0201*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #