



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000098003	
1. Entity Name PDL FINANCIAL CONSULTING, INC.	

Principal Place of Business 20191 EAST COUNTRY CLUB DR TSB AVENTURA, FL 33180	Mailing Address 20191 EAST COUNTRY CLUB DR TSB AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE

	
03222008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 75-3129578	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD
 SUITE 101
 TALLAHASSEE, FL 32301-2960

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]* (NOTE: Registered Agent signature required when reinstating)

DATE: 04/14/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDY, JOSHUA 20191 EAST COUNTRY CLUB DR TSB AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LANDY, JOSHUA 20191 EAST COUNTRY CLUB DR TSB AVENTURA, FL 33180
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 04/24/08-80038-025 158 75

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/14/08 Daytime Phone #: 816 210 3278