

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000003660

FILED
Nov 13, 2009
Secretary of State**Entity Name:** PMF SERVICES CORP.**Current Principal Place of Business:**1000 SAVAGE CT
SUITE 100
LONGWOOD, FL 32750**New Principal Place of Business:**250 S. RONALD REAGAN BLVD.
SUITE 116
LONGWOOD, FL 32750**Current Mailing Address:**1000 SAVAGE CT
SUITE 100
LONGWOOD, FL 32750**New Mailing Address:**250 S. RONALD REAGAN BLVD.
SUITE 116
LONGWOOD, FL 32750**FEI Number:** 57-1197003**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOSTER, WILLIAM L
1000 SAVAGE CT
SUITE 100
LONGWOOD, FL 32750 US**Name and Address of New Registered Agent:**FOSTER, WILLIAM L
250 S RONALD REAGAN BLVD
SUITE 116
LONGWOOD, FL 32750 US

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: WILLIAM L FOSTER

11/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: POLK, GREGORY D
Address: 2403 WALNUT HEIGHTS ROAD
City-St-Zip: APOPKA, FL 32703**Title:** ST () Delete
Name: FOSTER, WILLIAM L
Address: 140 CLOISTERS COVE
City-St-Zip: CASSELBERRY, FL 32707**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: WHITE, BRANDON M VICE PR
Address: 163 AUNT POLLY CT
City-St-Zip: ORLANDO, FL 32828

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: WILLIAM L. FOSTER

DIRE

11/13/2009

Electronic Signature of Signing Officer or Director

Date