

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039869

Entity Name: POINTTRADE SERVICES, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1518 JENKS AVE.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1518 JENKS AVE.
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 41-2129835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, TOMMY L
1518 JENKS AVE.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: BERRY, TOMMY LEE
Address: 1005 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: TDV () Delete
Name: LORD, TRACY
Address: 1815 FOSTER AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: SDV () Delete
Name: CAPORALE, DEBORA
Address: 2814 MALONE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: BERRY, TOMMY L
Address: 1005 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Change (X) Addition
Name: D'Aoust, MICHAEL
Address: 4910 MITTIE LANE
City-St-Zip: PANAMA CITY, FL 32404

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: DEBORA CAPORALE

SDV

01/16/2009

Electronic Signature of Signing Officer or Director

Date