

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141792

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: PYRAMID CONSULTING ASSOCIATES, INC.

## Current Principal Place of Business:

874 W. PALM COVE DR.  
PALM CITY, FL 34990 US

## New Principal Place of Business:

874 SW. PALM COVE DR.  
PALM CITY, FL 34990 US

## Current Mailing Address:

874 W. PALM COVE DR.  
PALM CITY, FL 34990 US

## New Mailing Address:

874 S W. PALM COVE DR.  
PALM CITY, FL 34990 US

FEI Number: 20-1836169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, VINCENT H  
874 SW PALM COVE DR  
PALM CITY, FL 34990 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: P ( ) Delete  
Name: CLARK, VINCENT H  
Address: 874 SW PALM COVE DRIVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: VP ( ) Delete  
Name: CLARK, CLARE D  
Address: 874 SW PALM COVE DRIVE  
City-St-Zip: PALM CITY, FL 34990 US

Title: S ( ) Delete  
Name: CLARK, VINCENT H  
Address: 874 SW PALM COVE DR  
City-St-Zip: PALM CITY, FL 34990 US

Title: T ( ) Delete  
Name: CLARK, CLARE D  
Address: 874 SW PALM COVE DR.  
City-St-Zip: PALM CITY, FL 34990 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VINCENT CLARK

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date