

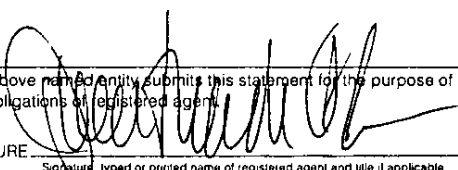
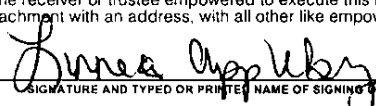


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 006 \*\*\*150.00

<b>DOCUMENT # P05000136958</b> 1. Entity Name <b>PDQ MANAGEMENT SOLUTIONS, INC.</b>					
Principal Place of Business <b>3801 MCINTOSH RD. SARASOTA, FL 34232</b>			Mailing Address <b>3801 MCINTOSH RD. SARASOTA, FL 34232</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
01232007      Chg-P      CR2E034 (12/06)				4. FEI Number <b>20-3585725</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROBERT, JILL PO BOX 18903 SARASOTA, FL 34276</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Blalock, Walters, Held &amp; Johnson, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>802 11th Street West</b> City <b>Bradenton, FL</b> Zip Code <b>34205-7734</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>			<b>Jonathan D. Eleece, Vice President</b> 1/23/07 <small>(NOTE: Registered Agent signature required when reinstating)      DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPLEBY, LINNEA PO BOX 18903 SARASOTA, FL 34276	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P APPLEBY, LINNEA 3801 MCINTOSH RD SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT, JILL PO BOX 18903 SARASOTA, FL 34276	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, V, T, S ROBERT, JILL 3801 MCINTOSH RD SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/07      941 377-3151 <small>Date      Daytime Phone #</small>		