

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078330

Entity Name: PAY DA OSH, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4 LAGUNA STREET, SUITE 201
FT WALTON BEACH, FL 32547

New Principal Place of Business:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

Current Mailing Address:

4 LAGUNA STREET, SUITE 201
FT WALTON BEACH, FL 32547

New Mailing Address:

4 LAGUNA STREET
SUITE 201
FORT WALTON BEACH, FL 32548

FEI Number: 26-3234718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLBERT, RICHARD M
4 LAGUNA STREET, SUITE 101
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

COLBERT, RICHARD M
4 LAGUNA STREET
SUITE 101
FORT WALTON BEACH, FL 32548 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: RICHARD M COLBERT

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR () Change (X) Addition
Name: SCHWEIZER, W. TODD
Address: 4 LAGUNA STREET, SUITE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

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: W. TODD SCHWEIZER

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date