

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094190

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** PEARL STREET CONSULTING INC.

**Current Principal Place of Business:**

6530 WILD ORCHID LANE  
SARASOTA, FL 34241

**New Principal Place of Business:**

141 POND CYPRESS ROAD  
VENICE, FL 34292

**Current Mailing Address:**

6530 WILD ORCHID LANE  
SARASOTA, FL 34241

**New Mailing Address:**

141 POND CYPRESS ROAD  
VENICE, FL 34292

FEI Number: 26-3615730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHROEDERS, DAVID J  
141 POND CYPRESS ROAD  
VENICE, FL 34292 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SCHROEDERS, DAVID  
Address: 6530 WILD ORCHID LANE  
City-St-Zip: SARASOTA, FL 34241

Title: DV  
Name: SCHROEDERS, SHAWN  
Address: 6530 WILD ORCHID LANE  
City-St-Zip: SARASOTA, FL 34241

I hereby 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 all other like empowered.

SIGNATURE: DAVID SCHROEDERS

DPST

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date