

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003460

FILED  
May 07, 2010  
Secretary of State

**Entity Name:** PULSAR PROCESS MEASUREMENT, INC.

**Current Principal Place of Business:**

11 10TH ST.  
SHALIMAR, FL 32579 US

**New Principal Place of Business:**

4565 COMMERCIAL DRIVE  
SUITE 105  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

11 10TH ST.  
SHALIMAR, FL 32579 US

**New Mailing Address:**

POST OFFICE BOX 5177  
NICEVILLE, FL 32578 US

**FEI Number:** 26-4068757      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROBERTS, JEFFREY  
ELEVEN 10TH STREET  
SHALIMAR, FL 32579 US

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

ROBERTS, JEFFREY  
4565 COMMERCIAL DRIVE  
SUITE 105  
NICEVILLE, FL 32578 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: JEFFREY ROBERTS

05/07/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROBERTS, JEFFREY  
Address: 4565 COMMERCIAL DRIVE, SUITE 105  
City-St-Zip: NICEVILLE, FL 32578 US

Title: STD  
Name: BURTON, STEPHEN  
Address: 4565 COMMERCIAL DRIVE, SUITE 105  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: BEARD, KEITH  
Address: 4565 COMMERCIAL DRIVE, SUITE 105  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: FLINT, KEITH  
Address: 4565 COMMERCIAL DRIVE, SUITE 105  
City-St-Zip: NICEVILLE, FL 32578 US

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: JEFFREY ROBERT

PD

05/07/2010

Electronic Signature of Signing Officer or Director

Date