

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11572

Entity Name: PDI COMMUNICATIONS INCORPORATED

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

6353 W ROGER CIR #6
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6353 W ROGER CIR #6
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 13-3277012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELMAN, DONALD
6353 W ROGERS CIR #6
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

EDELMAN, BARBARA
6353 W ROGERS CIR #6
BOCA RATON, FL 33487 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: BARBARA EDELMAN

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EDELMAN, DONALD
Address: 6353 W ROGERS CIR #6
City-St-Zip: BOCA RATON, FL 33487

Title: VTD () Delete
Name: EDELMAN, BARBARA
Address: 6353 W ROGERS CIR #6
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: EDELMAN, LEONARD
Address: 6353 W ROGERS CIRCLE #6
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: EDELMAN, MICHAEL
Address: 6353 W ROGERS CIRCLE #6
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: EDELMAN, BARBARA
Address: 6353 W ROGERS CIR #6
City-St-Zip: BOCA RATON, FL 33487

Title: VTD (X) Change () Addition
Name: EDELMAN, BARBARA
Address: 6353 W ROGERS CIR #6
City-St-Zip: BOCA RATON, FL 33487

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: BARBARA EDELMAN

PSD

04/16/2009

Electronic Signature of Signing Officer or Director

Date