
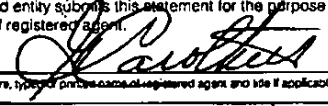
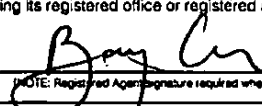
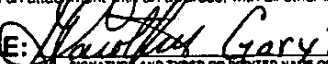


2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90250 027 ***150.00

DOCUMENT # P95000045895			
1. Entity Name P.D.S. OF THE TREASURE COAST, INC.			
Principal Place of Business 1950 SW BILTMORE ST PORT ST LUCIE, FL 34984 US		Mailing Address 1950 SW BILTMORE ST PORT ST LUCIE, FL 34984 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02272006		Chg-P CR2E034 (11/05)	
4. FEI Number 65-0590151		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAMER, SCOTT 6650 WIDEWATER TOWN ROAD WHITE 200 JUPITER, FL 33450 Barry D. Carothers Scott H. Bryan Bryan H. Jensen 8400 PAA Blvd Suite 800 Barry D. Carothers Esq. 4400 PGA Blvd Suite 800 Palm Bch Gardens, FL 33410		Barry D. Carothers Esq. 4400 PGA Blvd Suite 800 Palm Bch Gardens FL Zip Code 33410	
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 		DATE 	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAROTHERS, GARY 1242 S.W. KNOLLWOOD DR PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shary M. Carothers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4355 Comfort Street Cocoa, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDWARDS, MICHAEL K 249 CENTER ST UNIT 1B JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Karl Moore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4789 SE Chiles Court Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 officer 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: 		Date 3-21-06 772-224-9613	