## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

3/

| DOCUMENT # P95000045895  1. Entity Name P.D.S. OF THE TREASURE COAST, INC.   |  |                         |                               |                                 | 03-27-2006 90250 027 ***150.00   |  |               |  |
|--|--|-------------------------|-------------------------------|---------------------------------|--|--|---------------|--|
| Principal Place of Business Mailing Address  |  |                         |                               |                                 | 1.   |  |               |  |
| 1950 SW BILTMORE ST 1950 SW BILTMORE ST PORT ST LUCIE, FL 34984 US PORT ST LUCIE, FL 3498  |  |                         |                               |                                 |  |  |               |  |
|  |  |                         |                               |                                 | 18 18 18 1 8 19 1 8 8 1 8 8 1 8 8 1 8 8 1 8 8 1 8 1  |  |               |  |
| 2. Principal Place of Business   |  | 3. Mailing Address      |                               |                                 |  | (U 01:11 81 <b>4:0</b> 1 81:11 15:10 14:15 1 |               |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #. etc.     |                               | 02272006                        | Chg-P  | CR2E034 (11/05)                              |               |  |
| City & State   |  | City & State            |                               | 4. FEI Numb<br>65-059           |  | j  | ot Applicable |  |
| Zip  | Country  | Zip                     | Country                       | 5. Certificat                   | of Status Oesired  | See Require                                  |               |  |
| <b></b>  | Name and Address of Current                        | Registered Agent        |                               | 7. Name an                      | Address of New F   |  | -             |  |
|  | B  | arry DC aroth           | ers NZ                        | nou Di Co                       | rothers  |  |               |  |
| KRAMER,  | SCOLL  | # Was P                 | ION Streets                   | rry 1/2. Desperation            | DESTRUCTION OF THE PROPERTY OF |  |               |  |
| SHITE 200 Rough de Total Sen 4400 PG A BIVO  |  |                         |                               |                                 |  |  |               |  |
| THE PAR BIND Suite   |  |                         |                               |                                 |  |  |               |  |
|  | Palm 8CL   | Constant 13             | TUIA CIP.                     | In Role                         | ardens   | · FL 多9                                      | 210           |  |
| The above named entity subords this elegement for the perpose of changing its registered office or registered agent.   |  |                         |                               |                                 |  |  |               |  |
| the obligations of registered adort.   |  |                         |                               |                                 |  |  |               |  |
| SIGNATURE Sometime, indicated purificient angent around a giper pro lote if applicable. (profile Regist led Agent bigmenture required when retricting)  DATE |  |                         |                               |                                 |  |  |               |  |
|  | Signature, types of problemane alresistanted agent | and lide if applicable. | : Regist fred Agent pane      | ture required when reinstating) |  | DATE   |               |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.                   |  |                         |                               |                                 |  |  |               |  |
| 10.  | OFFICERS AND                                       | DIRECTORS               | 11.                           | ADDITIONS                       | /CHANGES TO OFF  | ICERS AND DIRECTOR                           | IS IN 11      |  |
| TITLE  | DT   | Deleta                  | TITLE                         | Secret                          | Laro   | thers - Change                               | Addition      |  |
| NAVE<br>STREET ADDRESS   | CAROTHERS, GARY<br>1242 S.W. KNOLLWOOD DR          |                         | HAME<br>STREET ADDRESS        |                                 | mfort  | Street                                       | ļ             |  |
| CITY-ST-ZIP  | PALM CITY, FL 34990                                |                         | CITY-ST-ZIP                   | Tocha                           | E1 3=  | 2927   |               |  |
| THE  | DP   | ☐ Delete                | TITLE                         | Vice-7                          | resident   |  | Addition      |  |
| NAME   | EDWARDS, MICHAEL K                                 |                         | NAME                          | Karl                            | Moore  | •  |               |  |
| STREET ADORESS   | 249 CENTER ST UNIT 1B<br>JUPITER, FL 33458         |                         | STREET ADDRESS<br>CITY+ST-ZIP |                                 | Thiles Court   |  |               |  |
| TITLE  | OUTTER, TE GOTGO                                   | ☐ Delete                | TITLE                         | Stuppt, FL                      | 34997  | ☐ Change                                     | Addition      |  |
| NAME   |  |                         | NAME                          | 3,000,1                         | 3.177  |  | }             |  |
| STREET ADDRESS   |  |                         | STREET ADDRESS<br>CITY-ST-ZIP |                                 |  |  | 1             |  |
| TITLE  | <del></del> -                                      | ☐ Delete                | TITLE                         |                                 |  | ☐ Change                                     | Addition      |  |
| NAME.  |  |                         | NAME                          | ~                               |  |  |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                         | STREET ADDRESS<br>CITY-ST-ZIP |                                 |  |  |               |  |
| TITLE  |  | ☐ Deiele                | MLE                           |                                 |  | Change                                       | Addition      |  |
| NAME   |  | _ 0000                  | KAME                          |                                 |  | C cade                                       |               |  |
| STREET ADDRESS   |  |                         | STREET ADDRESS                |                                 |  |  |               |  |
| CITY-ST-ZIP  | [  |                         | CITY+\$1+ZIP                  | <u> </u>                        |  |  |               |  |
| TITLE  | -  | □ a.u.u.                | 7171 C                        |                                 |  | ☐ Na   | T Addition    |  |
| NAME   |  | ☐ Oeleta                | TITLE<br>NAME                 |                                 |  | ☐ Change                                     | Addition      |  |
| NAME<br>STREET ADDRESS   |  | Orieta                  |                               |                                 |  | ☐ Change                                     | Addition      |  |
| 1  |  | ☐ Delete                | NAME                          |                                 |  | ☐ Change                                     | 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 fluoplemental 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 processor 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 attackfront with an apparess, with all other like empowered.

AND TYPED OF PROTEIN NAME OF SIGNING OFFICER OR DIRECTOR

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