


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90069 042 \*\*\*158.75

<b>DOCUMENT # P95000052491</b>	
<b>1. Entity Name</b> PULAU ELECTRONICS CORPORATION	

<b>Principal Place of Business</b> 12633 CHALLENGER PARKWAY SUITE 200 ORLANDO FL 32826	<b>Mailing Address</b> 12633 CHALLENGER PARKWAY SUITE 200 ORLANDO FL 32826
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1st MOORE CR2E034 (10/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 95-2956211	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDING, LOEDWYK O <input type="checkbox"/> Delete 12633 CHALLENGER PARKWAY, SUITE 200 ORLANDO FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDLAND, CHARLES W <input type="checkbox"/> Delete 12633 CHALLENGER PARKWAY, SUITE 200 ORLANDO FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDTS SUNDERLIN, WALTER J <input type="checkbox"/> Delete 12633 CHALLENGER PARKWAY, SUITE 200 ORLANDO FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, DONALD M <input checked="" type="checkbox"/> Delete 12633 CHALLENGER PARKWAY, SUITE 200 ORLANDO FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, operations MAUER, JAMES <input type="checkbox"/> Delete 12633 CHALLENGER PARKWAY, SUITE 200 ORLANDO FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OPERATIONS MAUER, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12633 CHALLENGER PARKWAY SUITE 200 ORLANDO FL 32826
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 exemption stated in Section 119.07(3)(i), 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 receiver 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:**  **02/11/05 407 380 9191**  
WALTER J. SUNDERLIN  
Date Daytime Phone #