


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**


07-13-2005 90014 037 \*\*\*150.00

<b>DOCUMENT # P96000064974</b>	
1. Entity Name <b>PDI RESOURCES OF FLORIDA, INC.</b>	

Principal Place of Business <b>2401 PGA BLVD STE.248 WEST PALM BEACH, FL 33410 US</b>	Mailing Address <b>2401 PGA BLVD STE.248 WEST PALM BEACH, FL 33410 US</b>
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**20063214**

2. Principal Place of Business <b>800 Village Square Suite, Apt. #, etc. Ste 101 City &amp; State Palm Beach Gardens, FL Zip 33410 Country U.S.A</b>	3. Mailing Address <b>800 Village Square Suite, Apt. #, etc. Ste 101 City &amp; State Palm Beach Gardens, FL Zip 33410 Country U.S.A</b>
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07112005	Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0693610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SEARING, FRANCIS 2401 PGA BLVD STE. 248 WEST PALM BEACH, FL 33410</b>	
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7. Name and Address of New Registered Agent <b>800 Village Square Ste 101 City Palm Beach Gardens FL Zip 33410</b>	
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 <u>Francis Searing</u> <b>FRANCIS SEARING</b> <u>7-11-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARING, FRANCIS 2401 PGA BLVD., STE. 248 WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Village Square - Ste 101 Palm Beach Gardens, FL 33410</b>
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
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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: <u>Francis Searing</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7-11-05</u> Daytime Phone # <u>(561) 656-2096</u>