

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000035703

1. Entity Name
PDM CONSULTING, INC.



**FILED
Mar 24, 2006 8:00 am
Secretary of State**

03-24-2006 90022 002 ***150.00

Principal Place of Business
2313 S E AVIATION WAY
SUITE 104
STUART, FL 34996

Mailing Address
2313 S E AVIATION WAY
SUITE 104
STUART, FL 34996

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOORE, SALLY S
2313 S E AVIATION WAY
SUITE 104
STUART, FL 34996

03142006 - No Chg-P CR2E034 (1/1/05)

4. FEI Number 65-0829341	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!: FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, SALLY S
STREET ADDRESS	2313 S E AVIATION WAY
CITY-ST-ZIP	STUART, FL 34996

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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 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: *Sally S Moore (SALLY S MOORE)* 3/14/06 772-221-9031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/14/06* Daytime Phone #: *772-221-9031*