2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# P99000068189

Entity Name: PODS, INC.

Current Principal Place of Business:

5585 RIO VISTA DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

55585 RIO VISTA DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3589361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, AARON B
5585 RIO VISTA DR.
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete
Name: HENSLEY, SAMUEL M
Address: 5585 RIO VISTA DR.
City-St-Zip: CLEARWATER, FL 33760

Title: PD ( ) Delete
Name: WARHURST, PETER S
Address: 5585 RIO VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: CAO ( ) Delete
Name: UMBERG, PAUL R
Address: 5585 RIO VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: COO ( ) Delete
Name: REVELIA, DAVID
Address: 10636 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: BERG, DAVID
Address: 780 SUMMIT AVE
City-St-Zip: SAINT PAUL, MN 55105

Title: D ( ) Delete
Name: DOGHIERO, PHIL
Address: 2832 CHELSEA PLACE NORTH
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: WARHURST, PETER S
Address: 5585 RIO VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: COO (X) Change ( ) Addition
Name: UMBERG, PAUL R
Address: 5585 RIO VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: SRVP (X) Change ( ) Addition
Name: REVELIA, DAVID
Address: 10636 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL M. HENSLEY CFO 04/11/2006

Electronic Signature of Signing Officer or Director — Date