2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P99000095148

Entity Name: PYRAMID DIVERSIFIED SERVICES, INC.

Current Principal Place of Business:

1077 EAST HIGHWAY 98
SUITE 200
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1077 EAST HIGHWAY 98
SUITE 200
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3603415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWMAN, BOBBY R
1077 EAST HIGHWAY 98
SUITE 200
DESTIN, FL 32541 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: CEO ( ) Delete
Name: NEWMAN, BOBBY R
Address: 216 WEKIVA COVE
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: LINDSLEY, WILL S II
Address: 4050 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Delete
Name: MOHRMAN, ANTHONY D
Address: 4240 OTTERLAKE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: ANCHORS, LARRY Y
Address: 1631 OLD HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LINDSLEY, WILL S II
Address: 4050 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

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 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 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: WILL S. LINDSLEY D 01/11/2005

Electronic Signature of Signing Officer or Director — Date