

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095148

FILED
Feb 01, 2008
Secretary of State

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: 4151 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

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

Title: D () Delete
Name: LINDSLEY, LANGLEY N
Address: 4050 INDIAN TRAIL
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: NEWMAN, BOBBY R
Address: 1077 EAST HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: LINDSLEY, WILL S II
Address: 1077 EAST HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: LINDSLEY, LANGLEY N
Address: 1077 EAST HIGHWAY 98
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify 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: WILL S. LINDSLEY

D

02/01/2008

Electronic Signature of Signing Officer or Director

Date