

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169069

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL RESTORATION SERVICES GROUP, INC.

**Current Principal Place of Business:**

503 FITZGERALD DR  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13151  
PENSACOLA, FL 32591 US

**New Mailing Address:**

**FEI Number:** 65-1239350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHANNON, JAMES  
2250 WELCOME ROAD  
CANTONMENT, FL 32533 US

**Name and Address of New Registered Agent:**

ALMERAZ, ANITA  
6009 TOULOUSE DR  
PENSACOLA, FL 32505 US

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:** ANITA ALMERAZ

04/25/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** SHANNON, JAMES  
**Address:** 2250 WELCOME ROAD  
**City-St-Zip:** CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** SHANNON, JAMES  
**Address:** 311 WATERMILL RUN  
**City-St-Zip:** NEWPORT NEWS, VA 23606

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:** JAMES SHANNON

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date