

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000092304

1. Entity Name
PROFESSIONAL DISPLAY ADS, INC.



Principal Place of Business
**5330 S.W. 14TH STREET
 PLANTATION, FL 33317**

Mailing Address
**5330 S.W. 14TH STREET
 PLANTATION, FL 33317**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0866367** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLUTIE, GLENN A
 5330 S.W. 14TH STREET
 PLANTATION, FL 33317**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	P FLUTIE, GLENN A. 5330 S.W. 14TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FLUTIE, BARBARA 5330 SW 14TH ST. PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
 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: *Barbara Flutie* **Barbara Flutie**

2/8/06 **2/8/06** *954-581-6616* **954-581-6616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #