


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # S66336
 1. Entity Name
PF1 PROFESSIONAL SERVICES, INC.



Principal Place of Business 4702 W COMANCHE AVENUE TAMPA, FL 33614	Mailing Address 4702 W COMANCHE AVENUE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



05232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3076635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MARTINEZ, DANIEL F II, ESQ
 611 W. AZEELE STREET
 TAMPA, FL 33606**

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

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	PD DELUCIA, MICHAEL L. 4702 W. COMANCHE AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELUCIA, LAURA J. 4702 WEST COMANCHE AVE TAMPA, FL 33614
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 05/26/06-80002-007 150.00

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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: Michael Delucia **5/18/06** **83-767-4731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #