


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 550373 1. Entity Name PROFESSIONAL FUTURES, INC.	
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Principal Place of Business 2106 DREW ST SUITE 103 CLEARWATER, FL 33765 US	Mailing Address 2106 DREW ST SUITE 103 CLEARWATER, FL 33765 US
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03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1796453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DRESDEN, GARY A. M.D.
2106 DREW ST
SUITE 103
CLEARWATER, FL 33765**

**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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DRESDEN, GARY A 2106 DREW ST SUITE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DRESDEN, TRUDY 2106 DREW ST, SUITE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OWENS, DEZRA 2106 DREW ST, SUITE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DRESDEN, DARA 2106 DREW ST, SUITE 103 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/22/06-80061-001 150.00

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:  Dezra Owens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-3-06 <small>Date</small>	727-442-0445 <small>Daytime Phone #</small>
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