

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 550373

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PROFESSIONAL FUTURES, INC.

## Current Principal Place of Business:

2106 DREW ST  
SUITE 103  
CLEARWATER, FL 33765 US

## New Principal Place of Business:

## Current Mailing Address:

2106 DREW ST  
SUITE 103  
CLEARWATER, FL 33765 US

## New Mailing Address:

FEI Number: 59-1796453      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DRESDEN, GARY A MD  
2106 DREW ST  
SUITE 103  
CLEARWATER, FL 33765 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: GARY A DRESDEN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: DRESDEN, GARY A  
Address: 2106 DREW ST SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: PTD ( ) Delete  
Name: DRESDEN, TRUDY  
Address: 2106 DREW ST, SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: VSD ( ) Delete  
Name: OWENS, DEZRA  
Address: 2106 DREW ST, SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

Title: VD ( ) Delete  
Name: DRESDEN, DARA  
Address: 2106 DREW ST, SUITE 103  
City-St-Zip: CLEARWATER, FL 33765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEZRA OWENS

V

04/21/2009

Electronic Signature of Signing Officer or Director

Date