

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                 |                                                                   |                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F03000004943</b><br>1. Entity Name<br><b>PROFESSIONAL ENHANCEMENT SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                 |                                                                   |                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>224 PORTREE DRIVE<br/>DUNEDIN, FL 34698</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                 | Mailing Address<br><b>224 PORTREE DRIVE<br/>DUNEDIN, FL 34698</b> |                                                                                                                       |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                         |                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                 | City & State                                                      |                                                                                                                       |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | Country                         |                                                                   | Zip                                                                                                                   |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 | Country                         |                                                                   | 4. FEI Number<br><b>88-0507074</b>                                                                                    |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                 |                                                                   | Applied For<br>Not Applicable                                                                                         |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>ULAN, FREDDIE<br/>224 PORTREE DRIVE<br/>DUNEDIN, FL 34698</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                 |                                                                   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                 |                                                                   | FL Zip Code                                                                                                           |                                                                   |
| SIGNATURE:<br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                 |                                                                   | FREDDIE ULAN, COPS<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                     |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                 |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                 |                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CDPS<br>ULAN, FREDDIE<br>224 PORTREE DRIVE<br>DUNEDIN, FL 34698 | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>ULAN, FREDDIE<br>224 PORTREE DRIVE<br>DUNEDIN, FL 34698    | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VCS<br>ULAN, DANA<br>224 PORTREE DRIVE<br>DUNEDIN, FL 34698     | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                 | <input type="checkbox"/> Delete |                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                 |                                                                   | FREDDIE ULAN<br>Date: 4-18-06 Daytime Phone #                                                                         |                                                                   |



03262006 Chg-P CRZE034 (11/05)  
 4. FEI Number 88-0507074  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

000000528533 Change ☐ Addition  
 05/05/06-80042-005 150.00