

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F03000004943**

1. Entity Name  
**PROFESSIONAL ENHANCEMENT SERVICES, INC.**



Principal Place of Business  
**224 PORTREE DRIVE  
DUNEDIN, FL 34698**

Mailing Address  
**224 PORTREE DRIVE  
DUNEDIN, FL 34698**



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>88-0507074</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ULAN, FREDDIE  
224 PORTREE DRIVE  
DUNEDIN, FL 34698**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CDPS
NAME	ULAN, FREDDIE
STREET ADDRESS	224 PORTREE DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	T
NAME	ULAN, FREDDIE
STREET ADDRESS	224 PORTREE DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	VCS
NAME	ULAN, DANA
STREET ADDRESS	224 PORTREE DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80148-017 150.00

**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:** *Freddie Ulan* **DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #