

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004943

FILED  
Apr 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

224 PORTREE DRIVE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

224 PORTREE DRIVE  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 88-0507074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ULAN, FREDDIE  
224 PORTREE DRIVE  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CDPS ( ) Delete  
Name: ULAN, FREDDIE  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: T ( ) Delete  
Name: ULAN, FREDDIE  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: VCS ( ) Delete  
Name: ULAN, DANA  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CDPT (X) Change ( ) Addition  
Name: ULAN, FREDDIE  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: S (X) Change ( ) Addition  
Name: BURNES, ROBIN  
Address: 1970 RIPON DR  
City-St-Zip: CLEARWATER, FL 33764

Title: VC (X) Change ( ) Addition  
Name: ULAN, DANA  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698

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:** ROBIN BURNES

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04/24/2009

Electronic Signature of Signing Officer or Director

Date