## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003305

FILED Jul 19, 2007 Secretary of State

Entity Name: PROFESSIONAL CONSULTING NETWORK, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
595 MARK SAN FRAN							
Current Mailing Address:			New Mailir	New Mailing Address:			
595 MARK SAN FRAN							
FEI Number:	52-2165869	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desire	∍d ( )	
Name and	Address o	of Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
MEDEROS, MARISOL 2943 DAY AVE MIAMI, FL 33133 US			3132 PONC	MEDEROS, MARISOL 3132 PONCE DE LEON BLVD CORAL GABLE, FL 33134 US			
The above in the State		ity submits this statement for the	e purpose of changing it	s registered	d office or registered agent,	or both,	
SIGNATUR	RE:			07/19/2007			
	Elect	ronic Signature of Registered A	gent	Date			
		'.193(2)(b), F.S., the corporation did cing Trust Fund Contribution ( ).	not receive the prior notice	э.			
OFFICERS	AND DIR	ECTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete ETER T ST SUITE 850 CISCO, CA 94105	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:		() Delete OOKS IT ST SUITE 850 DISCO, CA 94105	Title: Name: Address: City-St-Zip:	BARTESCH, 595 MARKE	(X) Change ( ) Addition HEINZ T ST SUITE 850 ISCO, CA 94105		
Title: Name: Address: City-St-Zip:		( ) Delete , HEINZ ET ST SUITE 850 CISCO, CA 94105	Title: Name: Address: City-St-Zip:	KRUEGER, 0 10355 WES	(X) Change ( ) Addition GREG TMOOR DR., SUITE 250 FER, CO 80021		
Title: Name:	D KRUEGER,	(X) Delete GREG	Title: Name:		( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT TORBENSEN **MNGR** 07/19/2007

380 INTERLOCKEN CRESCENT SUITE 760

BROOMFIELD, CO 80021

Address:

City-St-Zip: