

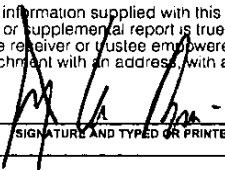


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # H94844 1. Entity Name PROFESSIONAL COURSE MANAGEMENT, INC.			
Principal Place of Business 10500 TAFT ST. PEMBROKE PINES, FL 33026 US		Mailing Address 10500 TAFT ST. PEMBROKE PINES, FL 33026 US	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0152772	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IRELAND, R. SCOTT 1125 N.E. 125TH STREET N. MIAMI, FL 33161		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000593445 01/22/07-80030-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA PONZINA, JOHNNY 2760 PADDOCK ROAD FT. LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT IRELAND, R. SCOTT 1125 NE 125TH ST N. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Johnny LaPonzina 1/19/07 954.433.8800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	