## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J25510

Name:

Address: City-St-Zip: EDWARDS, ÉARLE E III

325 E DEL MONTE

CLEWISTON, FL

FILED Jan 04, 2007 Secretary of State

Entity Nar	ne: LABEL	LLE PROFESSIONAL CENT	ER, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
P.O.BOX 2 150 SOUTI LABELLE,	H MAIN ST			P.O. BOX 2 150 SOUTI LABELLE,	H MAIN ST.		
Current Mailing Address:				New Mailing Address:			
P.O.BOX 2 150 SOUTI LABELLE,	H MAIN ST			P.O. BOX 2 LABELLE,			
FEI Number:	59-2442068	FEI Number Applied For (	) FEI Nun	nber Not Appl	icable ( )	Certificate of Status Des	sired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WATKINS, 150 SOUTI LABELLE,	H MAIN ST			150 SOUTI SUITE 3	JOHN JAY H MAIN ST. FL 33935 US	<b>:</b>	
The above in the State		ity submits this statement for	the purpose o	f changing i	ts registered o	ffice or registered age	nt, or both,
SIGNATURE:				01/04/2007			
Election Can	npaign Finan	cronic Signature of Registere cing Trust Fund Contribution ( )	_	ADDITION	S/CHANGES	Date  TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	D WATKINS, , 150 S. MAII LABELLE, F	()Delete JOHN JAY, N STREET		Title: Name: Address: City-St-Zip:		Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T HIGGINBOT 150 S. MAIN LABELLE, F			Title: Name: Address: City-St-Zip:			
Title:	VD	( ) Delete		Title:		Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN JAY WATKINS D 01/04/2007