

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J30537

FILED
Apr 28, 2009
Secretary of State

Entity Name: PROFESSIONAL SERVICE AGENTS, INC.

Current Principal Place of Business:

C/O BURT E. REDLUS
19 W. FLAGLER ST., #711
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

C/O BURT E. REDLUS
19 W. FLAGLER ST., #711
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0037295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDLUS, BURT E.
19 W. FLAGLER ST.
#711
MIAMI, FL 33130 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: PD () Delete
Name: LYONS, MICHAEL
Address: 929 CYPRESS DRIVE
City-St-Zip: DERAY BEACH, FL 33483

Title: VP () Delete
Name: LYONS, CYNTHIA
Address: 929 CYPRESS DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: T () Delete
Name: REDLUS, CAROLE
Address: 19 W. FLAGLER ST., #711
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: REDLUS, BURT
Address: 19 W. FLAGLER ST., #711
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LYONS

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date