

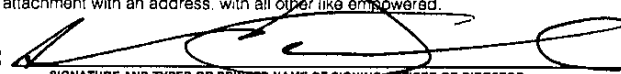


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # K45794			
1. Entity Name H & C PROFESSIONAL SERVICES INC.			
Principal Place of Business 3500 N STATE ROAD 7 SUITE 199 LAUDERDALE LAKES, FL 33319 US		Mailing Address 3500 N. STATE ROAD 7 SUITE 199 LAUDERDALE LAKES, FL 33319 US	
DO NOT WRITE IN THIS SPACE			
			
		04162007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0082825		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, HOWARD 3500 N STATE RD 7 #199 LAUDERDALE LAKES, FL 33319		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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			
TITLE	D	DO NOT WRITE IN THIS SPACE U000000715641 04/27/07-80073-006 150.00	
NAME	DANIELS, HOWARD		
STREET ADDRESS	3500 N STATE RD 7 #199		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319		
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: 		Date: 4/16/07 Daytime Phone #: 954 731-3013	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			