2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044215

Entity Name: COLEMAN'S PROFESSIONAL SERVICES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
163 BAY TREE DR. DESTIN, FL 32541	6674 BELLINGHAM STREET NAVARRE, FL 32566 US

Current Mailing Address:	**New Mailing Address:**
PO BOX 5005 NAVARRE, FL 32566	PO BOX 5005 6674 BELLINGHAM STREET NAVARRE, FL 32566 US

FEI Number: **FEI Number Applied For ( )**   **FEI Number Not Applicable (X)**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US	

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

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	P (X) Change ( ) Addition
Name:	PORTER III, HARVEY C OWNER		Name:	PORTER III, HARVEY C. OWNER
Address:	163 BAY TREE DR.		Address:	6674 BELLINGHAM STREET
City-St-Zip:	DESTIN, FL 32541		City-St-Zip:	NAVARRE, FL 32566
Title:	( ) Delete		Title:	D ( ) Change (X) Addition
Name:			Name:	PORTER III, HARVEY C.
Address:			Address:	6674 BELLINGHAM STREET
City-St-Zip:			City-St-Zip:	NAVARRE, FL 32566

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HAVERY C PORTER III   MGRM   04/26/2006
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date