2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057468

Entity Name: ROSS PROFESSIONAL SERVICES, LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4304 LEE BLVD

LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

4304 LEE BLVD 10523 BELLA VISTA DRIVE LEHIGH ACRES, FL 33971 FORT MYERS, FL 33913

FEI Number: 20-2996185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HJP FINANCIAL SERVICES

4458 CLEVELAND AVENUE

FORT MYERS, FL 33901 US

TERZO, THOMAS S

10523 BELLA VISTA DRIVE

FORT MYERS, FL 33913 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: THOMAS S. TERZO 04/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MCGETTRICK, GARY
 Name:

 Address:
 2268 WEST END COURT
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 TERZO, TOM
 Name:
 TERZO, THOMAS S

 Address:
 10523 BELLA VISTA DRIVE
 Address:
 10523 BELLA VISTA DRIVE

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:
 FORT MYERS, FL 33913

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 FRY, THOMAS
 Name:

 Address:
 13205 WHITEHAVEN LANE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33912
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HERMAN, CAROLYN
 Name:

 Address:
 18391 FICHTERS CREEK LANE
 Address:

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 WIGGLESWORTH, JOHN
 Name:
 WIGGLESWORTH, JOHN

 Address:
 4304 LEE BLVD
 Address:
 2273 SE 27TH ST

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 CAPE CORAL, FL 33904

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 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: THOMAS S. TERZO RA 04/26/2007