2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000032108

Entity Name: PROFESSIONAL EMPOWERMENT SOLUTIONS, LLC

Current Principal Place of Business:

2197 BRISSON AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2197 BRISSON AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 06-1809719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, EMORY JR.
2197 BRISSON AVENUE
SANFORD, FL 32771 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JUNE, VERA L
Address: 356 SILVER PINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: MGR ( ) Delete
Name: GREEN, EMORY JR.
Address: 2197 BRISSON AVENUE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JUNE, VERA L
Address: 1581 EAST NORMANDY BLVD
City-St-Zip: DELTONA, FL 32725

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 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: VERA JUNE MGR 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date