


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L70281</b> 1. Entity Name PROPERTY TAX PROFESSIONALS, INC.	
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Principal Place of Business 4241 NORTHLAKE BLVD SUITE B PALM BCH GARDENS, FL 33410	Mailing Address 4241 NORTHLAKE BLVD SUITE B PALM BCH GARDENS, FL 33410
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01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-2269560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCDONALD, JOHN P.  
4241 NORTHLAKE BLVD  
SUITE B  
PALM BCH GARDENS, FL 33410

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDONALD, JOHN P 4241 NORTHLAKE BLVD PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCDONALD, JOHN P 4241 NORTHLAKE BLVD PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCDONALD, PATRICIA 4241 NORTHLAKE BLVD PALM BCH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/07-80048-014 150.00

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_