2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# M86401

Entity Name: PROFESSIONAL REIMBURSEMENT, INC.

Current Principal Place of Business:

4075-A L.B. MCLEOD ROAD
ORLANDO, FL 32811 US

New Principal Place of Business:

4075 L B MCLEOD ROAD
SUITE A
ORLANDO, FL 32811 US

Current Mailing Address:

4075-A L.B. MCLEOD ROAD
ORLANDO, FL 32811 US

New Mailing Address:

4075 L B MCLEOD ROAD
SUITE A
ORLANDO, FL 32811 US

FEI Number: 59-2896105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, GARY R
2132 LANGLEY CIR
ORLANDO, FL 32835 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLINS, GARY R
Address: 2132 LANGLEY CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete
Name: COLLINS, JEAN T
Address: 2132 LANGLEY CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R COLLINS PRES 01/29/2008
Electronic Signature of Signing Officer or Director Date