

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003324

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: PROFESSIONAL COMMUNITY SOLUTIONS, INC.

## Current Principal Place of Business:

617 PICKFAIR TERRACE  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

617 PICKFAIR TERRACE  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 06-1719899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCOTT, ALLISON  
617 PICKFAIR TERRACE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

SCOTT, ALLISON D CEO  
617 PICKFAIR TERRACE  
LAKE MARY, FL 32746 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: ALLISON D. SCOTT

04/14/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCOTT, ALLISON  
Address: 617 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: SCOTT, ROBERT  
Address: 617 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: LANE, PERICIA  
Address: 1546 BOUNDARY STREET  
City-St-Zip: DELAND, FL 32720

Title: D (X) Delete  
Name: MONROE, KAREN  
Address: 934 HUNTERS CREEK DRIVE #105  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SCOTT, ALLISON D CEO  
Address: 617 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746

Title: P (X) Change ( ) Addition  
Name: GREENE, NATASHA PRESIDE  
Address: 11295 STILLHOLLOW DRIVE  
City-St-Zip: FRISCO, TX 75035

Title: S (X) Change ( ) Addition  
Name: MONROE, KAREN SECRETA  
Address: 934 HUNTERS CREEK DRIVE #105  
City-St-Zip: DELAND, FL 32720

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON D. SCOTT

D

04/14/2006

Electronic Signature of Signing Officer or Director

Date