

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003324

FILED  
Apr 27, 2007  
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 D CEO  
617 PICKFAIR TERRACE  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: MCLEOD, PHD, HORRACE SECRETA  
Address: 8995 NORTH WEST 6TH STREET  
City-St-Zip: PLANTATION, FL 33324

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 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

CEO

04/27/2007

Electronic Signature of Signing Officer or Director

Date