

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001121

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** MOVERS \$ SHAKERS PROFESSIONAL BUSINESS GROUP INC.

**Current Principal Place of Business:**

12687 SW COUNTY RD. 769  
2A  
LAKE SUZY, FL 34269

**New Principal Place of Business:**

**Current Mailing Address:**

12687 SW COUNTY RD. 769  
2A  
LAKE SUZY, FL 34269

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEITMAN, EUGENE P  
12687 SW COUNTY RD. 769  
2A  
LAKE SUZY, FL 33950 US

**Name and Address of New Registered Agent:**

HEITMAN, EUGENE P II  
12687 SW COUNTY RD. 769  
2A  
LAKE SUZY, FL 33950 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: EUGENE P HEITMAN II                      05/02/2011  
Electronic Signature of Registered Agent                      Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HICKS, ANNIE J  
Address: 4381 AIDAN LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: T  
Name: HEITMAN, EUGENE P II  
Address: 12687 SW COUNTY RD 769 SUITE 2A  
City-St-Zip: LAKE SUZY, FL 34269

Title: SEC  
Name: ATKINSON, WENDY  
Address: 3626 TAMiami TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: EUGENE P HEITMAN II                      T                      05/02/2011  
Electronic Signature of Signing Officer or Director                      Date