

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50328

FILED
Jan 17, 2007
Secretary of State

Entity Name: PROFESSIONAL DEVELOPMENT RESOURCES, INC.

Current Principal Place of Business:

11653 CENTRAL PARKWAY SUITE 206
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

11653 CENTRAL PARKWAY SUITE 206
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3138625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIE, LEO PH.D
11653 CENTRAL PARKWAY SUITE 206
JACKSONVILLE, FL 32224 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: PD () Delete
Name: CHRISTIE, LEO
Address: 11653 CENTRAL PARKWAY SUITE 206
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPST () Delete
Name: CHRISTIE, CATHERINE
Address: 11653 CENTRAL PARKWAY SUITE 206
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: SCHULTZ, DANIEL J
Address: 1128 GREENRIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SCHULTZ, SYLVIA
Address: 1128 GREENRIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: HUBBARD, JOAN P
Address: 11 N 19TH AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LEO CHRISTIE

PD

01/17/2007

Electronic Signature of Signing Officer or Director

Date