

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50328

FILED  
Jan 09, 2008  
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

**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:

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: LEO CHRISTIE

DR.

01/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date