

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

DOCUMENT# N50328

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL DEVELOPMENT RESOURCES, INC.

**Current Principal Place of Business:**

9050 CYPRESS GREEN DR., STE 102  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9050 CYPRESS GREEN DR., STE 102  
JACKSONVILLE, FL 32256 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:**

CHRISTIE, LEO PH.D  
9050 CYPRESS GREEN DRIVE SUITE 102  
JACKSONVILLE, FL 32256 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: LEO CHRISTIE

01/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHRISTIE, LEO  
Address: 9050 CYPRESS GREEN DR., STE 102  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPT  
Name: CHRISTIE, CATHERINE  
Address: 9050 CYPRESS GREEN DR., STE 102  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S  
Name: ULERY, GINA M  
Address: 9050 CYPRESS GREEN DR., STE 102  
City-St-Zip: JACKSONVILLE, FL 32256 US

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: LEO CHRISTIE

PRES

01/26/2011

Electronic Signature of Signing Officer or Director

Date