

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006621

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: PROFESSIONAL SPEAKERS NETWORK, INC.

## Current Principal Place of Business:

9723 NE 2ND AVE  
MIAMI SHORES, FL 33138 US

## New Principal Place of Business:

PO BOX 9906  
FT. LAUDERDALE, FL 33310 US

## Current Mailing Address:

PO BOX 540821  
OPA LOCKA, FL 33054 US

## New Mailing Address:

PO BOX 9906  
FT. LAUDERDALE, FL 33310 US

FEI Number: 65-0713925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUPREE, MARTHENIA  
15211 N.W. 33 COURT  
OPA LOCKA, FL 33054 US

## Name and Address of New Registered Agent:

DUPREE, MARTHENIA  
15211 N.W. 33 COURT  
MIAMI GARDENS, FL 33054 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: DR. MARTHENIA DUPREE

04/19/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUPREE, MARTHENIA  
Address: 15211 NW 33 COURT  
City-St-Zip: OPA LOCKE, FL

Title: VP ( ) Delete  
Name: GREEN, W STEVEN  
Address: 15932 SW 146 TERR  
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete  
Name: ROSS, TIFFANY  
Address: P.O. BOX 540821  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: GREIG, MARLON  
Address: 285 NW 203 TERR  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: TAPPER, JULIA  
Address: 6950 SW 26 ST  
City-St-Zip: MIRAMAR, FL 33023

Title: T ( ) Delete  
Name: SMITH, LOUISE  
Address: 3490 CHARLES AVE  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DUPREE, MARTHENIA  
Address: 15211 NW 33 COURT  
City-St-Zip: MIAMI GARDENS, FL

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 Section 119.07(3)(i), 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: DR. MARTHENIA DUPREE

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date