

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2011
Secretary of State

Entity Name: PROFESSIONAL SPEAKERS NETWORK, INC.

Current Principal Place of Business:

15211 NW 33 COURT
MIAMI GARDENS, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9906
FT. LAUDERDALE, FL 33310 US

New Mailing Address:

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 P DR
15211 N.W. 33 COURT
MIAMI GARDENS, FL 33054 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: P DR
Name: DUPREE, MARTHENIA
Address: 15211 NW 33 COURT
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VP D
Name: GREEN, W STEVEN V DR
Address: 15932 SW 146 TERR
City-St-Zip: MIAMI, FL 33196

Title: S DR
Name: ROSS, TIFFANY S DR
Address: PO BOX 421457
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: SMITH, RICKY D
Address: 15211 NW 33 COURT
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D
Name: LEMON, ROBERT D
Address: PO BOX 171802
City-St-Zip: MIAMI, FL 33017

Title: T DR
Name: SMITH, LOUISE T D
Address: 3490 CHARLES AVE
City-St-Zip: MIAMI, FL 33133

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: MARTHENIA DUPREE

P DR

04/21/2011

Electronic Signature of Signing Officer or Director

Date