

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011891

FILED
Apr 29, 2005
Secretary of State

Entity Name: PROFESSIONAL FIRST ASSISTANTS, PRN, INC.

Current Principal Place of Business:

16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 59-3629373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE-DEFREITAS, SHELIA
16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

COLE-DEFREITAS, SHEILA A PRES.
16 MIRROR LAKE DRIVE
ORMOND BEACH, FL 32174 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: SHEILA COLE-DEFREITAS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DEFREITAS-CLARK, CHRYSTAL
Address: 6090 JASMINE VINE DR.
City-St-Zip: PORT ORANGE, FL 32124

Title: STD () Delete
Name: DEFREITAS, BRETT ALAN
Address: 380 BOAZ CEMETARY RD.
City-St-Zip: BOAZ, KY 42027

Title: PD () Delete
Name: COLE-DEFREITAS, SHELIA
Address: 16 MIRROR LAKE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DEFREITAS-CLARK, CHRYSTAL R
Address: 6090 JASMINE VINE DR.
City-St-Zip: PORT ORANGE, FL 32124

Title: STD (X) Change () Addition
Name: DEFREITAS, BRETT A
Address: 380 BOAZ CEMETARY RD.
City-St-Zip: BOAZ, KY 42027

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA A. DEFREITAS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date