

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011891

FILED  
Apr 27, 2007  
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 US

**New Mailing Address:**

**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, SHEILA A PRES.  
16 MIRROR LAKE DRIVE  
ORMOND BEACH, FL 32174 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title: STD ( ) Delete  
Name: DEFREITAS, BRETT A  
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: ( ) 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHEILA COLE-DEFREITAS

PRES

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date