


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000017948</b>	
<b>1. Entity Name</b> PROFESSIONAL DEVELOPMENT FOR ACHIEVEMENT, INC.	

<b>Principal Place of Business</b> 18411 BITTERN AVE LUTZ, FL 33558	<b>Mailing Address</b> 18411 BITTERN AVE LUTZ, FL 33558
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3668191	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LEWIS, MARY  
18411 BITTERN AVE  
LUTZ, FL 33558

DO NOT WRITE  
IN THIS SPACE

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> LEWIS, MARY R 18411 BITTERN AVE LUTZ, FL 33558
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

U000000784975  
01/16/08-80075-024 150.00

DO NOT WRITE  
IN THIS SPACE

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary R. Lewis **1-8-08** **813-269-4347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #