2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P01000067647

Entity Name: PROFESSIONAL PLACEMENT RESOURCES, INC.

Current Principal Place of Business:

333 FIRST STREET NORTH #200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

333 FIRST STREET NORTH #200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3739688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BOULEVARD
SUITE 504
JACKSONVILLE, FL 32216 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: PD ( ) Delete
Name: COOPER, DWIGHT
Address: 209 ISLE WAY LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPSD ( ) Delete
Name: FREIN, KEITH
Address: 444 CLEARWATER DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SCTY (X) Change ( ) Addition
Name: BOUTWELL, WILLIAM IV
Address: 333 1ST STREET NORTH, SUITE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ASCY ( ) Change (X) Addition
Name: TOOL, HAROLD
Address: 333 1ST STREET NORTH, SUITE 200
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DWIGHT COOPER PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date