

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000032486

Entity Name: A-1 PROFESSIONALS, INC.

**FILED**  
**Dec 17, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

626 RIVERWOOD DR  
GAINESVILLE, FL 32536

### **New Principal Place of Business:**

7945 NW 49TH WAY  
GAINESVILLE, FL 32653 51

### **Current Mailing Address:**

626 RIVERWOOD DR  
CRESVIEW, FL 32536

### **New Mailing Address:**

7945 NW 49TH WAY  
GAINESVILLE, FL 326535139 US

FEI Number: 65-0715155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

KALIPATNAPU, SIVAPRASAD  
7945 N.W. 49TH WAY  
GAINESVILLE, FL 326535139 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: D ( ) Delete  
Name: KALIPATNAPU, SIVAPRASAD  
Address: 7945 N.W. 49TH WAY  
City-St-Zip: GAINESVILLE, FL 326535139

Title: D ( ) Delete  
Name: PRASAD, DEEPA K  
Address: 7945 N.W. 49TH WAY  
City-St-Zip: GAINESVILLE, FL 326535139

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: KALIPATNAPU, SIVAPRASAD  
Address: 7945 N.W. 49TH WAY  
City-St-Zip: GAINESVILLE, FL 326535139 US

Title: D (X) Change ( ) Addition  
Name: PRASAD, DEEPA K  
Address: 7945 N.W. 49TH WAY  
City-St-Zip: GAINESVILLE, FL 326535139 US

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: SIVAPRASAD KALIPATNAPU

MR

12/17/2007

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

\_\_\_\_\_  
Date