

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000032486

Entity Name: A-1 PROFESSIONALS, INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7945 NW 49TH WAY  
GAINESVILLE, FL 326535139 US

**New Principal Place of Business:**

**Current Mailing Address:**

7945 NW 49TH WAY  
GAINESVILLE, FL 326535139 US

**New Mailing Address:**

FEI Number: 65-0715155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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  
Name: KALIPATNAPU, SIVAPRASAD  
Address: 7945 N.W. 49TH WAY  
City-St-Zip: GAINESVILLE, FL 326535139 US

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

I hereby 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 all other like empowered.

SIGNATURE: KALIPATNAPU SIVAPRASAD

MR

01/24/2011

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

\_\_\_\_\_  
Date