## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000115301

Name:

Address:

City-St-Zip:

FILED Apr 26, 2009 Secretary of State

Entity Name: PROFESSIONAL TELESERVICES, INC.						ocorciary or otate	
Current Principal Place of Business:				New Principal Place of Business:			
14001 63RD WAY N CLEARWATER, FL 33760							
Current Mailing Address:				New Mailing Address:			
14001 63RD WAY N CLEARWATER, FL 33760							
FEI Number: 38-3666778 FEI Number Applied For ( ) FEI			FEI Numb	oer Not Appli	cable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LUTICH, GEORGE 14001 63RD WAY N CLEARWATER, FL 33760 US				LUTICH, GEORGE L 14001 63RD WAY N CLEARWATER, FL 33760 US			
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: GEORGE L LUTICH				04/26/2009			
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () LUTICH, GEORG 14001 63RD WA CLEARWATER,	AY N	1 4	Fitle: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	NICHOLSON, JA	ES DR, SUITE 126	1 4	Fitle: Name: Address: City-St-Zip:		(X) Change()Addition HERI L D WAY NORTH FER, FL 33760	
Title:	()	Delete	٦	Γitle:	D	( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

OLSON, ERIK L

14001 63RD WAY NORTH

CLEARWATER, FL 33760

SIGNATURE: GEORGE L LUTICH P 04/26/2009