




**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90023 031 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000131747</b>		
1. Entity Name <b>PROFESSIONAL PAYROLL CORPORATION</b>		
Principal Place of Business <b>PO BOX 970123 COCONUT CREEK, FL 33097</b>		Mailing Address <b>PO BOX 970123 COCONUT CREEK, FL 33097</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BRETT MILLER</b> <b>2717 W. Cypress Creek</b> <b>PO BOX 970123</b> <b>COCONUT CREEK, FL 33097</b>		<b>66019160</b>  05012007 No Chg-P CR2E034 (11/05) 4. FEI Number <b>NOT APPLICABLE</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <b>Not Applicable</b>
<b>DO NOT WRITE IN THIS SPACE</b>		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 reinstating) Signature, typed or printed name of registered agent and fee if applicable _____ DATE _____
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLER, BRETT C PO BOX 970123 COCONUT CREEK, FL 33097</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>Brett C Miller</b> 4/30/07 954 969-3399 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		