

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074840

FILED  
May 05, 2006  
Secretary of State

Entity Name: ROYAL PROFESSIONAL SERVICES, INC.

## Current Principal Place of Business:

1570 SW PITTS AVE  
PORT ST. LUCIE, FL 34953 US

## New Principal Place of Business:

3335 SW HIMANGO ST  
PORT ST. LUCIE, FL 34953 US

## Current Mailing Address:

1570 SW PITTS AVE  
PORT ST. LUCIE, FL 34953 US

## New Mailing Address:

3335 SW HIMANGO ST  
PORT ST. LUCIE, FL 34953 US

FEI Number: 20-1103130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAXPLACE CORP  
2721 S US 1 SUITE 9  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

SILVA, FABIO L  
3335 SW HIMANGO ST  
PORT ST LUCIE, FL 34953 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: FABIO L SILVA

05/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SILVA, FABIO L  
Address: 1570 SW PITTS AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SILVA, FABIO L  
Address: 3335 SW HIMANGO ST  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FABIO L SILVA

PD

05/05/2006

Electronic Signature of Signing Officer or Director

Date