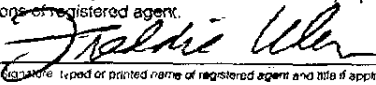
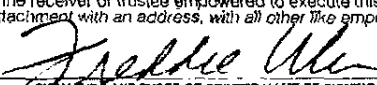


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000108600					
1. Entity Name PROFESSIONAL ENHANCEMENT SYSTEMS, INC.					
Principal Place of Business 1170 NE CLEVELAND STREET CLEARWATER, FL 33755 US			Mailing Address 1170 NE CLEVELAND STREET CLEARWATER, FL 33755 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-1396498			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ULAN, FREDDIE 224 PORTREE DR DUNEDIN, FL 34698			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: 		FREDDIE ULAN, DIRECTOR		4/18/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	IRONS, LYNN		NAME		
STREET ADDRESS	608 NORTH OSCEOLA STREET		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAREN, ARTE		NAME		
STREET ADDRESS	80 ROGERS STREET, PENTHOUSE C		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP		
TITLE	D.P.	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ULAN, FREDDIE		NAME		
STREET ADDRESS	224 PORTREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		FREDDIE ULAN		4/18/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03282006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1396498

5. Certificate of Status Desired ☐ 8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ULAN, FREDDIE
224 PORTREE DR
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

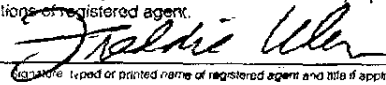
City

FL

Zip Code

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SIGNATURE



FREDDIE ULAN, DIRECTOR

4/18/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
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10. OFFICERS AND DIRECTORS

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TITLE **D** ☐ Delete
NAME **IRONS, LYNN**
STREET ADDRESS **608 NORTH OSCEOLA STREET**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAREN, ARTE**
STREET ADDRESS **80 ROGERS STREET, PENTHOUSE C**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D.P.** ☐ Delete
NAME **ULAN, FREDDIE**
STREET ADDRESS **224 PORTREE DRIVE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

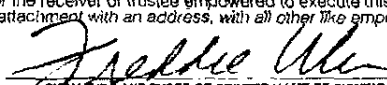
TITLE ☐ Change ☐ Addition
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SIGNATURE:



FREDDIE ULAN

4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #