

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108600

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: PROFESSIONAL ENHANCEMENT SYSTEMS, INC.

## Current Principal Place of Business:

1174 NE CLEVELAND ST.  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

## Current Mailing Address:

1174 NE CLEVELAND ST.  
CLEARWATER, FL 33755 US

## New Mailing Address:

1170 NE CLEVELAND ST.  
CLEARWATER, FL 33755 US

FEI Number: 20-1396498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ULAN, FREDDIE  
224 PORTREE DR  
DUNEDIN, FL 34698 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IRONS, LYNN  
Address: 608 NORTH OSCEOLA STREET  
City-St-Zip: CLEARWATER, FL 33755 US

Title: DP ( ) Delete  
Name: MAREN, ARTE  
Address: 1505 SUNSET DRIVE  
City-St-Zip: CLEARWATER, FL 33755 US

Title: DT ( ) Delete  
Name: ULAN, FREDDIE  
Address: 224 PORTREE DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: S ( ) Delete  
Name: BURNES, ROBIN  
Address: 1170 NE CLEVELAND STREET  
City-St-Zip: CLEARWATER, FL 33755 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BURNES, ROBIN  
Address: 1970 RIPON DR  
City-St-Zip: CLEARWATER, FL 33764 US

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.

SIGNATURE: ROBIN BURNES

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date