

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116458

FILED
Apr 23, 2007
Secretary of State

Entity Name: MOGEN PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

2601 SOUTHWEST 71ST TERRACE
SUITE 512
DAVIE, FL 333141112

New Principal Place of Business:

2551 SOUTHWEST 71ST TERRACE
SUITE 313
DAVIE, FL 33317

Current Mailing Address:

2601 SOUTHWEST 71ST TERRACE
SUITE 512
DAVIE, FL 333141112

New Mailing Address:

2551 SOUTHWEST 71ST TERRACE
SUITE 313
DAVIE, FL 33317

FEI Number: 20-1456565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOGEN, ARLENE M
MOGEN PROFFESIONAL SVCS, INC
2601 SW 71ST TERRACE, #512
DAVIE, FL 333141112 US

Name and Address of New Registered Agent:

MOGEN, ARLENE M
MOGEN PROFESSIONAL SVCS, INC
2551 SW 71ST TERRACE, #313
DAVIE, FL 33317 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MOGEN, ARLENE M
Address: 2601 SOUTHWEST 71ST TERRACE
City-St-Zip: DAVIE, FL 333141112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MOGEN, ARLENE M
Address: 2551 SW 71ST TERRACE, #313
City-St-Zip: DAVIE, FL 33317

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: ARLENE MICHELLE MOGEN

PSTD

04/23/2007

Electronic Signature of Signing Officer or Director

Date