2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135124

4048 PRIMAVERA DR.

LAND O' LAKES, FL 34638

Address: City-St-Zip:

Entity Name: PROFESSIONAL ADMINISTRATIVE SERVICES INC.

FILED Mar 03, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	1AVERA DR. AKES, FL 346	538			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
4048 PRIMAVERA DR. LAND O' LAKES, FL 34638			P O BOX 1627 LAND O' LAKES, FL	P O BOX 1627 LAND O' LAKES, FL 34639	
FEI Number:	: 20-1735627	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BROUGHTON, BARBARA A 4048 PRIMAVERA DR. LAND O' LAKES, FL 34638 US			P O BOX 1627	BROUGHTON, BARBARA A P O BOX 1627 LAND O' LAKES, FL 34639 US	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				03/03/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WERNER, KAR 4048 PRIMAVE LAND O' LAKES	RA DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () BROUGHTON, 3089 POLK AV SPRING HILL,	E.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD () WERNER, DAV) Delete ID	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KAREN D. WERNER PD 03/03/2006