2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154555

Entity Name: CBA PROFESSIONAL SERVICES, INC.

FILED Jul 12, 2005 Secretary of State

Thing Name: OB/CFROIT CONTINUES, INC.				
Current Principal Plac	New Principal Place of Business:			
9000 SUNSET BOULEVARD SUITE 400 LOS ANGELES, CA 90069		9000 W. SUNSET BOULEVARD SUITE 400 WEST HOLLYWOOD, CA 90069		
Current Mailing Address:		New Mailing Address:		
9000 SUNSET BOULEVARD SUITE 400 LOS ANGELES, CA 90069		9000 W. SUNSET BOULEVARD SUITE 400 WEST HOLLYWOOD, CA 90069		
FEI Number: 20-1884560	FEI Number Applied For () FEI Num	nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				ew Registered Agent:
LIPSON, GARY D 390 N. ORANGE AVENUE SUITE 1500 ORLANDO, FL 32801 US		SCHISSLER, MATT L 9000 W. SUNSET BOULEVARD SUITE 400 WEST HOLLYWOOD, FL 90069 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: MATT S	CHISSLER			07/12/2005
Electro	onic Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	SCHISSLER, MA 9000 W. SUNSE	Change (X) Addition ATTHEW L ET BLVD., SUITE 400 /OOD, CA 90069
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	SMITH, SANDRA 9000 W. SUNSE	Change (X) Addition A D ET BLVD., SUITE 400 /OOD, CA 90069
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	SCHISSLER, ST 9000 W. SUNSE	Change (X) Addition IEPHANIE ET BLVD., SUITE 400 /OOD, CA 90069
Title: (Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	ANDERSON, NO 9000 W. SUNSE	Change (X) Addition DAH ET BLVD., SUITE 400 /OOD, CA 90069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA SMITH CFO 07/12/2005