2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000068541

Entity Name: PROFESSIONAL BUSINESS SOLUTIONS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

9000 CYPRESS GREEN DRIVE
SUITE 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

8563-5 ARGYLE BUSINERSS LOOP
CRESCENT HILL OFFIVE PARK
JACKSONVILLE, FL 32244

Current Mailing Address:

9000 CYPRESS GREEN DRIVE
SUITE 101
JACKSONVILLE, FL 32256

New Mailing Address:

PMB 161
11250-15 OLD ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32257

FEI Number: 20-2788710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KEITH H ESQ.
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217 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: PD ( ) Delete
Name: MANKIN, JARRETT K
Address: 8246 PEPPERWOOD DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: STD ( ) Delete
Name: LANG, JENNIFER M
Address: 4385 QUEENS WAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JARRETT K. MANKIN PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date