

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077887

FILED
May 15, 2008
Secretary of State

Entity Name: PROFESSIONAL EXHIBITORS' SERVICE, INC.

Current Principal Place of Business:

112 CELEBRATION BOULEVARD
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

112 CELEBRATION BOULEVARD
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 13-2730316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSHMAN, MARILYN S
112 CELEBRATION BLVD
CELEBRATION, FL 34747 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: PRES () Delete
Name: OSHMAN, MARILYN S
Address: 112 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: VP () Delete
Name: BRUCE, ANDRA
Address: 210 FICUS STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: OSHMAN, ANDRA
Address: 210 FICUS STREET
City-St-Zip: CELEBRATION, FL 34747

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: MARILYN OSHMAN

PRES

05/15/2008

Electronic Signature of Signing Officer or Director

Date