


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000102154
1. Entity Name
ONE STOP PROFESSIONAL SERVICES, INC.



Principal Place of Business Mailing Address
2802 SW BUENA VISTA BOULEVARD **2802 SW BUENA VISTA BOULEVARD**
PALM CITY, FL 34990 US **PALM CITY, FL 34990 US**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
04-3825264 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, MICHAEL
2802 SW BUENA VISTA BOULEVARD
PALM CITY, FL FL

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDWARDS, MICHAEL
STREET ADDRESS	2802 SW BUENA VISTA BOULEVARD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VP
NAME	EDWARDS, MICHAEL
STREET ADDRESS	2802 SW BUENA VISTA BOULEVARD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	EDWARDS, MICHAEL
STREET ADDRESS	2902 SW BUENA VISTA BOULEVARD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/07-80053-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/8/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #