2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P05000129038

Entity Name: PROFESSIONAL CERTIFICATIONS INSTITUTE, INC.

Current Principal Place of Business:

4995 NW 72 AVE., STE. 205
MIAMI, FL 33166

New Principal Place of Business:

3441 NE 16 AVE
APT B
OAKLAND PARK, FL 33334

Current Mailing Address:

4995 NW 72 AVE., STE. 205
MIAMI, FL 33166

New Mailing Address:

3441 NE 16 AVE
APT B
OAKLAND PARK, FL 33334

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MARIA E
7220 NW 36 ST., STE. 315
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

VELASCO, NILDA
7220 NW 36 ST., STE. 315
MIAMI, FL 33166 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: NILDA VELASCO 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, MARIA E
Address: 7220 NW 36 ST., STE. 315
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete
Name: SALADRIGAS, SERGIO
Address: 7220 NW 36 ST., STE. 315
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VELASCO, NILDA
Address: 7220 NW 36 ST., STE. 315
City-St-Zip: MIAMI, FL 33166

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: NILDA VELASCO PD 04/27/2007
Electronic Signature of Signing Officer or Director Date