

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134637

FILED
Jul 02, 2006
Secretary of State

Entity Name: PROFESSIONAL PREPARATION SERVICES INC.

Current Principal Place of Business:

101 S. NEPTUNE AVE
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

101 S. NEPTUNE AVE
CLEARWATER, FL 33765

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEACH, KEVIN E
101 S. NEPTUNE AVE
CLEARWATER, FL 33765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEACH, KEVIN E
Address: 101 S. NEPTUNE AVE
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: ROLAND, LYLE T
Address: 101 S. NEPTUNE AVE
City-St-Zip: CLEARWATER, FL 33765

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 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: KEVIN LEACH

P

07/02/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date