


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 019 ***150.00

DOCUMENT # P05000145447 1. Entity Name MICHAEL'S PROFESSIONAL SERVICES, INC.	
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Principal Place of Business 1745 SOUTHWOOD STREET SARASOTA, FL 34231 US	Mailing Address 1745 SOUTHWOOD STREET SARASOTA, FL 34231 US
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40086550



04092008 No Chg-P CR2E034 (11/05)

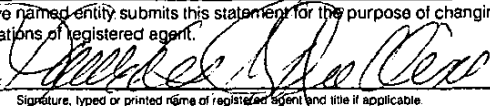
4. FEI Number 20-3697586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MULLINS, LOURDES C
1745 SOUTHWOOD ST
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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  DATE 4/25/08

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

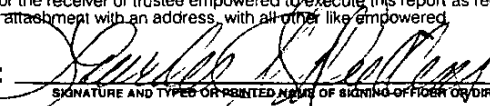
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MULLINS, LOURDES C 1745 SOUTHWOOD STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MULLINS, MICHAEL F 1745 SOUTHWOOD STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  DATE 4/25/08 DAYTIME PHONE 941-297-675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR