2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# P06000139110

Entity Name: PROFESSIONAL FLOOR CARE SERVICES INC

Current Principal Place of Business:

16117 SIERRA PALMS DRIVE
DELRAY BEACH, FL 33484

New Principal Place of Business:

8692 SANDY CREST LANE
BOYNTON BEACH, FL 33437

Current Mailing Address:

16117 SIERRA PALMS DRIVE
DELRAY BEACH, FL 33484

New Mailing Address:

8692 SANDY CREST LANE
BOYNTON BEACH, FL 33437

FEI Number: 20-5823432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAYNE, BURGESS
16117 SIERRA PALMS DRIVE
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

WAYNE, BURGESS
8692 SANDY CREST LANE
BOYNTON BEACH, FL 33437 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: WAYNE BURGESS 03/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURGESS, WAYNE
Address: 16117 SIERRA PALMS DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VD ( ) Delete
Name: BURGESS, BETHANY
Address: 16117 SIERRA PALMS DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURGESS, WAYNE
Address: 8692 SANDY CREST LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD (X) Change ( ) Addition
Name: BURGESS, BETHANY
Address: 8692 SANDY CREST LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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: WAYNE BURGESS P/D 03/16/2007
Electronic Signature of Signing Officer or Director Date