## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # P92000009611 PROFESSIONAL SERVICE ASSOCIATES, INC. Principal Place of Business Mailing Address 1251 SEMINOLA BLVD. 1251 SEMINOLA BLVD. SUITE 200 SUITE 200 CASSELBERRY, FL 32707-3527 CASSELBERRY, FL 32707-3527 CR2E034 (11/05) 04052007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3150962 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RALEY, WILLIAM H JR. DO NOT WRITE 4814 E. LAKE DR. WINTER SPRINGS, FL 32708-4610 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME RALEY, WILLIAM H JR STREET ADDRESS 1251 SEMINOLA BLVD, STE# 200 CASSELBERRY, FL 327073527 CITY-ST-ZIP U00000695379 04/17/07~80059-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 withan address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ULLUAM H. RALEY Jr. 4-5-07 407-629-9106