


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90105 010 ***150.00

DOCUMENT # P93000003101 1. Entity Name PROFESSIONAL CASE MANAGEMENT CONSULTANTS, INC.																													
Principal Place of Business 225 S SWOOPE AVE. STE. 111 MAITLAND, FL 32751 US			Mailing Address PO BOX 940338 MAITLAND, FL 32794-0338 US																										
2. Principal Place of Business - No P.O. Box # 2254 Winter Woods Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 2016																											
City & State Winter Park, FL		City & State Winter Park FL																											
Zip 32792		Country USA		4. FEI Number 59-3157041																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BRICE, BELINDA E. 235 S MAITLAND AVE. SUITE 218 MAITLAND, FL 32791			7. Name and Address of New Registered Agent Name Brice, Belinda E. Street Address (P.O. Box Number is Not Acceptable) 2254 Winter Woods Blvd, Suite 2016 City Winter Park FL Zip Code 32792																										
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: <u><i>Belinda Brice, President</i></u> DATE: <u>01/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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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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: *Belinda Brice*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/07 407-647-6347
Date Daytime Phone #