


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000065336</b>	
<b>1. Entity Name</b> PROFESSIONAL FUNCTIONS, INC.	

<b>Principal Place of Business</b> 8362 PINES BLVD SUITE 247 PEMBROKE PINES, FL 33024	<b>Mailing Address</b> 790 SW 158 WAY PEMBROKE PINES, FL 33027
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0439945	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

FESTINGER, PHYLLIS  
790 SW 158 WAY  
PEMBROKE PINES, FL 33027

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	P
<b>NAME</b>	FESTINGER, PHYLLIS
<b>STREET ADDRESS</b>	790 SW 158 WAY
<b>CITY-ST-ZIP</b>	PEMBROKE PINES, FL 33027
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

UN0000383959  
01/13/06-80020-024 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1 (9, 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:** *Phyllis Festinger* **Phyllis Festinger** **1/9/06** **954 962 6772**