

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000008826

1. Entity Name

PROFESSIONAL REVIEW NETWORK, INC.



Principal Place of Business

**12301 NW 39TH ST.
CORAL SPRINGS, FL 33065-2403 US**

Mailing Address

**12301 NW 39TH ST.
CORAL SPRINGS, FL 33065-2403 US**



04242006

No Chg-P

CRZE034 (11/05)

4. FEI Number
59-3320048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD
STE 508
MIAMI, FL 33156-000**

**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

Signature, typed or printed name of registered agent and title if applicable

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000055506A
05/16/06-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SPENCE, GLEN
STREET ADDRESS	12301 NW 39TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	PD
NAME	PATTERSON, CHRIS
STREET ADDRESS	12301 NW 39TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Celebrity Phone #

Glen Spence 4/25/2006 (954) 796-3711