## 2008 FOR PROFIT CORPORATION

## 2008 8.00 am

| DOCUMENT # P96000011324  1. Entry Name PROFILES GROUP, INC.  Precipil Place of Business 154 NW 20 STREET BOCK RATION, FL 33431  2. Principal Place of Business 154 NW 20 STREET BOCK RATION, FL 33431  2. Principal Place of Business 154 NW 20 STREET BOCK RATION, FL 33431  2. Principal Place of Business 154 NW 20 STREET BOCK RATION, FL 33431  County Sales Co   | ANNUAL REPORT  |   |                     |             |                    | Constant of State                                 |                                |              |                       |  |
|--|--|---|---------------------|-------------|--------------------|---|--------------------------------|--------------|-----------------------|--|
| 194 NW 20 STREET BOCA RATON, FL 33431  2. Principal Prin   | 1. Entity Name   |   |                     |             |                    | Secretary of State 04-28-2008 90387 024 ***150.00 |                                |              |                       |  |
| 154 NW 20 SIREET BOCK RATION, FL 33431  150 NW 20 SIREET BOCK RATION, FL 33431  2. Principal Pri   | Principal Plac   | ce of Business                                    | Mailing Address     | <u> </u>    |                    | l   | •                              |              |                       |  |
| Suite Apil # etc.  Suite Apil #    |  |   |                     | 1           | •                  |   | •                              |              |                       |  |
| Suite Apil # etc.  Suite Apil #    |  |   |                     |             |                    |   |                                |              |                       |  |
| Soute, Ap.I. et al.  Soute, Ap.I. et al.  Cary State  Doc Marth  Country  Zip  20322008  S. Certificate of Status Desired  S. Soute, Ap.I. et al.  Soute, Ap.I. et al.  Soute, Ap.I. et al.  Country  Zip  3313  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Street Address (F.O. Box Number is Not Acceptable)  Leave Agent  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable (F.O. Box Number is   | 2. Principal P   | 70 NW 2 The                                       | 3. Mailing Address  | 2 Ave       | 2                  |   | D HORID DEHIL DOKKI BERHA BERH |              | 817 81818 81 11 18 81 |  |
| Size Address of Current Registered Agent   Size Address of Now Registered Agent  | Suite, Apt.  | #, etc.,<br># (                                   | Suite, Apt. #, etg. |             |                    | 03022008  | Chg-P                          | CR2E034 (12/ | 06)                   |  |
| Signarums COHEN, MICHAEL 154 NW 20 STREET BOCA RATON, FL 33431  8. Certificate of Status Desired   \$8,75 Additional   Fee Required Agent   Name and Address of New Registered Agent   Name   Name   Name   Name   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (P.O. Box Number is Not Acceptable)   City   Company   Street Address (  | City & Stat  | - 11 - 1-   |                     | aton        |                    | I   |                                | _            | <del></del>           |  |
| 6. Name and Address of Current Registered Agent  COHEN, MICHAEL 154 NW 20 STREET BOCA RATON, FL 33431  8. The above named entity submitty 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 florida in the State of Florida. I am familiar with, and accept the obligations of registered florida. I am familiar with, and accept the political floridation of registered spent, or both, in the State of Floridation in the State of Floridati   | Zip  | V31 Country                                       |                     | Country     |                    | · · · · ·   |                                |              | Additional            |  |
| Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits first statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations or registered agent and the purpose of changing its registered affice or registered agent, or both, in the State of Florids. I am familiar with, and accept the the obligations or registered agent and the necessary.  SIGNATURE Spatish fights of primate refered Registered Agent spotsus required when remanancy.  PILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Story of Florids and DIRECTORS IN 11  INIT.  PONEN, MICHAEL Story of Addition  NAME STREET ADDRESS CITY-ST-2P  ITILE NAME S |  |   |                     |             |                    |   |                                |              |                       |  |
| Street Address & O. Box Number is Not Acceptable)  City Torra Potent FL 2ip Code  Street Address & O. Box Number is Not Acceptable)  City Torra Potent FL 2ip Code  The above named entity submitionis statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Supram, this or binder and Signature agent and the repotable.  POTE Repotend Agent appropria required when remaining the propriate agent and the repotable.  POTE Repotend Agent appropriate required when remaining the propriate agent and the repotable.  FILE NOWILL FE IS \$150.00  After May 1, 2008 Fee will be \$55.00  Toust Fund Contribution.  TOUR Fund Contribution.  TOUR Fund Contribution.  Added to Fees  Added to Fees  Chr. St. 2ip  Chenge Addition  THE  NAME STREET ADDRESS CITY- St. 2ip  THE  NAME STREET ADDR |  |   |                     |             |                    |   |                                |              |                       |  |
| 8. The above named entity submittents 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  Solution from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Solution from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOWILI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 1.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  OHEN, MICHAEL  STREET ADDRESS  CITY-S1-2IP  TITLE  OBelde  | 154 NW 20 STREET   |   |                     |             |                    |   |                                |              |                       |  |
| 8. The above named entity submittents 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  Solution from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Solution from the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOWILI FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 1.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  OHEN, MICHAEL  STREET ADDRESS  CITY-S1-2IP  TITLE  OBelde  | i  |   |                     |             |                    |   | -                              |              |                       |  |
| THE colligations of registered affent.  SIGNATURE Synature, 16-85 or printed reduced Signature appeal and title if expolacable.  FILE NOWILL FEET IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ITILE NAME COHEN, MICHAEL  STREET ADDRESS CITY-ST-2IP  TILE NAME STREET ADDRE |  |   |                     |             | Box                | a Ro  | itan                           |              | ユスチシー                 |  |
| NOTE Registered Agent soprature of where resonatoring   Soprature res     | <ol> <li>Ine 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.</li> </ol> |   |                     |             |                    |   |                                |              |                       |  |
| ## FILE NOW!! FEE IS \$15.0.00 After May 1, 2008 Fee will be \$55.0.00  10. OFFICERS AND DIRECTORS  TITLE MAKE COHEN, MICHAEL STREET ADDRESS STREET ADDRESS CITY-ST-2IP  TITLE MAKE STREET ADDRESS CITY-ST-2IP  TITLE M |  |   |                     |             |                    |   |                                |              |                       |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-S   | FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar   |   |                     |             | <b>\$5.</b><br>Add | .00 May Be<br>ed to Fees                          |                                |              |                       |  |
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12. Thereby 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 ORDIRECTOR