FILED Apr 26, 2007 08:00 A Secretary of State

CR2E034 (11/05)

Applied For Not Applicable

\$8.75 Additional

Fee Required

2007 FOR PROFIT ANNUAL	Ap		
DOCUMENT # P96000048405 1. Entity Name PROFESSIONAL PLACEMENT SERVICES, INC.			
Principal Place of Business	Mailing Address		
P O BOX 130536 TAMPA, FL 33681-0536	P.O. BOX 130536 TAMPA, FL 33681-0536 US		
			03292007 No Chg-P
DO NOT WRITE	IN THIS SPA	CF ·	
DO NOT WHATE			4. FEI Number 59-3387430
		, .	5. Certificate of Status Desired
6. Name and Address of Current Re	egistered Agent]- :	**
AMERICAN INFORMATION SERVICES, IF 401 E JACKSON ST, SUITE 1700 TAMPA, FL 33602	NC.	A Springer	DO NOT W IN THIS SI

SIGNATURE:

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	named entity submits this statement for the pons of registered agent.	purpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent and title	if applicable. {NOTE: Registered	Agent signature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	000000733550 05/09/07-80092-009	150.00	
10.	OFFICERS AND DIREC	CTORS	· · · · · · · · · · · · · · · · · · ·	* 18 · · ·	1	
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<u> </u>	certify that the information supplied with this	iling dose not qualify for the eve	motions contained in Chapter 11	9. Florida Statutes. I further certify tha	t the information	
indicated of the cor	on this report or supplied with this report or supplied and report for supplemental report for true poration or the receiver or trusted expowere or on an attachment with an actions, with a	and accurate and that my signat d to execute this report as requi	ura shali nava tha sama lagal etta	ct as it made under oath: that I am an :	onicer or airector - i	