2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072099

Entity Name: SUMMIT PROFESSIONAL SERVICES, INC.

FILED Jan 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2015 CENTRE POINTE BOULEVARD 2015 CENTRE POINTE BOULEVARD

104 103

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

P.O. BOX 13356

TALLAHASSEE, FL 323173356

FEI Number: 59-3400511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DINGMAN, ROSEMARIE C
2015 CENTRE POINTE BOLILEVARD
2015 CENTRE POINTE BOLILEVARD

2015 CENTRE POINTE BOULEVARD
104
2015 CENTRE POINTE BOULEVARD
103

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

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.

SIGNATURE: 01/17/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name: DINGMAN, ROSEMARIE C Name: DINGMAN, ROSEMARIE C
Address: 5020 CENTENNIAL OAK CIRCLE Address: 2015 CENTRE POINTE BOULEVARD, SUITE 103

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: VPSD () Delete Title: VPSD (X) Change () Addition

Name: DINGMAN, DENNIS D Name: DINGMAN, DENNIS D

Address: 5020 CENTENNIAL OAK CIRCLE Address: 2015 CENTRE POINTE BOULEVARD, SUITE 103

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete Title: () Change () Addition

 Name:
 BARGER, MARILYN
 Name:

 Address:
 10740 N 56TH STREET, SUITE 108
 Address:

 City-St-Zip:
 TAMPA, FL 33616
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE C. DINGMAN PTD 01/17/2007