2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2007
Secretary of State

DOCUMENT# P97000005433

Entity Name: PROFESSIONAL FINANCIAL RETIREMENT SERVICES, INC.

Current Principal Place of Business:

4229 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Principal Place of Business:

660 LAKE DASHA CIRCLE
PLANTATION, FL 33324

Current Mailing Address:

4229 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351

New Mailing Address:

660 LAKE DASHA CIRCLE
PLANTATION, FL 33324 US

FEI Number: 65-0754815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAFFE, PHILIP D.D.S.
4229 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

JAFFE, PHILIP D.D.S.
660 LAKE DASHA CIRCLE
PLANTATION, FL 33324 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: 05/30/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: JAFFE, PHILLIP DR. DD
Address: 4229 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: JAFFE DDS, DR PHILLIP
Address: 660 LAKE DASHA CIRCLE
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify 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: DR. PHILIP JAFFE DDS PCEO 05/30/2007
Electronic Signature of Signing Officer or Director — Date