



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000012581 1. Entity Name KISSIMMEE PROFESSIONAL DEVELOPMENT, INC.	
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Principal Place of Business 1111 PERSON STREET KISSIMMEE, FL 34741	Mailing Address 1111 PERSON STREET KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



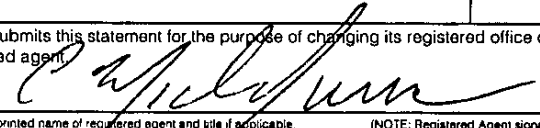
01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3432882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHICK, DAVID L 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32301

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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:  1/15/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEAP, ALAN R 1641 HARBOUR CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, C. MICHAEL 1111 PERSON STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAP, JEANNE 1641 HARBOUR COURT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, KAREN 1111 PERSON STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000620480 02/09/07-80039-002 150.00</p> 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:  1/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #