

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053179

FILED  
Jan 16, 2006  
Secretary of State

**Entity Name:** PERSONALLY YOURS SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1665 PALM BEACH LAKES BLVD.  
SUITE 409  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267085  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0764636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REISER, MICHAEL R  
1840 WEST 49TH STREET SUITE 105  
HIALEAH, FL 33012 US

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

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: REISER, MICHAEL R  
Address: 1840 WEST 49TH STREET SUITE 105  
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete  
Name: REISER, DONALD  
Address: 1840 WEST 49TH STREET SUITE 105  
City-St-Zip: HIALEAH, FL 33012

Title: VPS ( ) Delete  
Name: REISER, JACQUELINE B  
Address: 1840 WEST 49TH STREET SUITE 105  
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete  
Name: REISER, BETTY  
Address: 1840 WEST 49TH STREET SUITE 105  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** MICHAEL R. REISER

PRES

01/16/2006

Electronic Signature of Signing Officer or Director

Date