

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000090032

1. Entity Name  
PROPERTY LOCATOR SERVICES, INC.Principal Place of Business  
2800 N MILITARY TRAIL  
#108  
WEST PALM BEACH, FL 33409Mailing Address  
2800 N MILITARY TRAIL  
#108  
WEST PALM BEACH, FL 33409**DO NOT WRITE IN THIS SPACE**

06202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0849750	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

ADORNO, LISA  
2800 N MILITARY TRAIL  
#108  
WEST PALM BEACH, FL 33409**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent: signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 20069. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: SCHOFIELD, LISA  
STREET ADDRESS: 2800 N MILITARY TRAIL  
CITY-ST-ZIP: WEST PALM BEACH, FL 33409U000000567511  
06/22/06-80004-005 150.00**DO NOT WRITE  
IN THIS SPACE**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06 561-  
615-000  
Date Daytime Phone #