

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045965

FILED
Mar 12, 2006
Secretary of State

Entity Name: PROFESSIONAL STRATEGY OPTIONS, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVE, STE 400
JACKSONVILLE, FL 32204

New Principal Place of Business:

700 CENTRAL PARKWAY
STUART, FL 349943967 US

Current Mailing Address:

225 WATER STREET
STE 1400
JACKSONVILLE, FL 32202

New Mailing Address:

700 CENTRAL PARKWAY
STUART, FL 349943967 US

FEI Number: 59-3520016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWN, ROBERTA G
225 WATER ST
STE 1400
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MCCREARY, WILLIAM T
700 CENTRAL PARKWAY
STUART, FL 349943967 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: W T MCCREARY

03/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIVITA, CHARLES III
Address: 225 WATER STREET SUITE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPT (X) Delete
Name: THORPE, KIM D
Address: 225 WATER ST STE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS (X) Delete
Name: PARKS, PEGGY A
Address: 225 WATER ST STE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: DS (X) Delete
Name: COWN, ROBERTA GOES
Address: 225 WATER ST STE 1400
City-St-Zip: JACKSONVILLE, FL 32202

Title: CFO () Delete
Name: PALMER, CLARK
Address: 700 CENTRAL PKWY
City-St-Zip: STUART, FL 34994

Title: COO (X) Delete
Name: SCARBOROUGH, LAURA
Address: 1000 RIVERSIDE AVE, STE 500
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: MCCREARY, WILLIAM T
Address: 700 CENTRAL PARKWAY
City-St-Zip: STUART, FL 349943967 US

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: V (X) Change () Addition
Name: MCCREARY, TIMOTHY
Address: 700 CENTRAL PKWY
City-St-Zip: STUART, FL 34994

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: W T MCCREARY

P

03/12/2006

Electronic Signature of Signing Officer or Director

Date