


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P8000086784</b> 1. Entity Name <b>PROFESSIONAL ED CORPORATION</b>					
Principal Place of Business <b>2911 LANGLEY PARK CT ORLANDO FL 32835</b>			Mailing Address <b>2911 LANGLEY PARK CT ORLANDO FL 32835</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number <b>59-3538932</b>	
6. Name and Address of Current Registered Agent  <b>BAKER EVANS, LESLI 2911 LANGLEY PARK CT ORLANDO FL 32835</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing <b>\$5.00 May 1 Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input type="checkbox"/> Delete NAME <b>BAKER EVANS, LESLI</b> STREET ADDRESS <b>2911 LANGLEY PARK CT</b> CITY-ST-ZIP <b>ORLANDO FL 32835</b>					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE <input type="checkbox"/> Delete 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 Section 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:** Lesli Evans **Lesli Evans** **4-10-06** **407-291-1672**