

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006909

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: PROFESSIONAL PERFORMANCE DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

5441 BABCOCK ROAD STE 200  
SAN ANTONIO, TX 78240

**New Principal Place of Business:**

**Current Mailing Address:**

5441 BABCOCK ROAD STE 200  
SAN ANTONIO, TX 78240

**New Mailing Address:**

FEI Number: 74-2540870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470      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: PS ( ) Delete  
Name: LECEA, A.M.  
Address: 5441 BABCOCK ROAD STE 200  
City-St-Zip: SAN ANTONIO, TX 78240

Title: VP ( ) Delete  
Name: SCHONFELD, KLAUS  
Address: 5441 BABCOCK ROAD STE 200  
City-St-Zip: SAN ANTONIO, TX 78240

Title: S ( ) Delete  
Name: LECEA, A.M.G.  
Address: 5441 BABCOCK ROAD STE 200  
City-St-Zip: SAN ANTONIO, TX 78240

**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:

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: A. M. LECEA

PS

02/01/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date