


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 039 ***150.00

DOCUMENT # P03000089244

1. Entity Name
PROFESSIONAL PRESENTATIONS, INC.



Principal Place of Business Mailing Address

**1900 SUNSET HARBOUR RD
 PH5
 MIAMI BEACH, FL 33139**

**1900 SUNSET HARBOUR RD
 PH5
 MIAMI BEACH, FL 33139**

2. Principal Place of Business - No P.O. Box #
1145 Willoughby Road

3. Mailing Address
1145 Willoughby Road

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Harrisburg, Pa.

City & State
Harrisburg, Pa.

Zip Country Zip Country

17111 *17111*

40000000



02122008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0355620

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RILEY, STEVEN P
 4805 W. LAUREL ST
 SUITE 230
 TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	ALAGONA, JUDITH E	
STREET ADDRESS	1900 SUNSET HARBOUR DR PH5	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alagona, Judith E	
STREET ADDRESS	1145 Willoughby Road	
CITY-ST-ZIP	Harrisburg, Pa. 17111	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address, with all other like empowered.

SIGNATURE: *Judith E Alagona* *2/12/08* *717 5457863*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #