


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N03000004291

1. Entity Name
PROPEL, INC.



Principal Place of Business
**499 E. PALMETTO PARK RD., STE. 208
 BOCA RATON, FL 33432**

Mailing Address
**499 E. PALMETTO PARK RD., STE. 208
 BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROENFELDT, ESQ., STUART A
 499 E. PALMETTO PARK RD., STE. 208
 BOCA RATON, FL 33432**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRINKA, ROXANNA 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BATMASIAN, JIM 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATMASIAN, MARTA 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AIELLO, MICHAEL 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000724529
 05/02/07-80115-010 61.25

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 617, 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: *Roxanna Trink*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *12 Apr 07* Daytime Phone #: *561-239-8348*