

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 02, 2009
Secretary of State**

DOCUMENT# P08000020606

Entity Name: PROXYPRO MANAGEMENT, INC.

Current Principal Place of Business:

New Principal Place of Business:

4243A NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33435 US

Current Mailing Address:

New Mailing Address:

4243A NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33435 US

FEI Number: 26-1963279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CAPLAN, JAMES F
5910 NORTH OCEAN BOULEVARD
OCEAN RIDGE, FL 33435 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BIVINS, DANIEL W JR.
Address: 4243A NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: PS (X) Change () Addition
Name: BIVINS, DANIEL W JR.
Address: 4243A NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: AS () Delete
Name: GIULIANI, MARIANE
Address: 4243A NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: GERUN, SIMON P
Address: 4243 A NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify 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: SIMON P GERUN

T

11/02/2009

Electronic Signature of Signing Officer or Director

_____ Date