

# 2006 FOR PROELT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                       |                                                              |                                                                             |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # V39130</b><br>1. Entity Name<br><b>STICKS BEACHSIDE WELDING, INC.</b>                                                                                                                                           |                                                                       |                                                              |                                                                             |                                 |  |
| Principal Place of Business<br><b>126 TOMAHAWK DR<br/>INDIAN HARBOUR BEACH FL 32937</b>                                                                                                                                       |                                                                       |                                                              | Mailing Address<br><b>126 TOMAHAWK DR<br/>INDIAN HARBOUR BEACH FL 32937</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                       |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                   |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                                                       |                                                              | City & State                                                                |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                           |                                                                       | Country                                                      |                                                                             | 4. FEI Number <b>59-3124022</b>                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                       | <b>\$8.75 Additional Fee Required</b>                        |                                                                             |                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FRESE, GARY B.<br/>930 S HARBOR CITY BLVD<br/>STE 505<br/>MELBOURNE FL 32901</b>                                                                                    |                                                                       |                                                              |                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. |                                                                       |                                                              |                                                                             | 9. Election Campaign Financing <b>\$5.00</b> May<br>Trust Fund Contribution <input type="checkbox"/> Added to Fee |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)                                                                                                                                                     |                                                                       |                                                              |                                                                             |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                       |                                                              |                                                                             |                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                       |                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                       |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | DPST<br>HELLMAN, EDWARD F.<br>126 TOMAHAWK DR<br>INDIAN HARBOUR BCH F | <input type="checkbox"/> Delete                              |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                             |                                                                                                                   |  |

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: Edward F. Hellman **EDWARD F. HELLMAN** 3-13-06 (321) 773-58