2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004291

BOCA RATON, FL 33431

GELINAS, MARIE-CLAUDE

BOCA RATON, FL 33431

() Delete

499 E. PALMETTO PARK ROAD, SUITE 208

City-St-Zip:

TD

Title:

Name:

Address:

City-St-Zip:

FILED Feb 14, 2006 Secretary of State

Entity Nan	ne: PROPEL, INC.			
Current Pr	incipal Place of Business:	New Principal Place	e of Business:	
	METTO PARK RD., STE. 208 ON, FL 33432			
Current Mailing Address:		New Mailing Addres	ss:	
	METTO PARK RD., STE. 208 ON, FL 33432			
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
499 E. PAL	DT, ESQ., STUART A METTO PARK RD., STE. 208 ON, FL 33432 US			
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete TRINKA, ROXANNA 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete BATMASIAN, JIM 499 E. PALMETTO PARK ROAD, SUITE 208 BOCA RATON, FL 33432	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD () Delete BATMASIAN, MARTA 499 E. PALMETTO PARK ROAD, SUITE 208	Title: Name: Address:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

TD

AIELLO, MICHAEL

BOCA RATON, FL 33431

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER GWALTNEY, EXECUTIVE DIRECTOR ED 02/14/2006

(X) Change () Addition

499 E. PALMETTO PARK ROAD, SUITE 208