

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709048

FILED  
Sep 12, 2007  
Secretary of State

Entity Name: THE PROSPEROS

**Current Principal Place of Business:**

PO BOX 4969  
CULVER CITY, CA 902313736

**New Principal Place of Business:**

11730 W WASHINGTON BLVD  
STE 15  
LOS ANGELES, CA 90066

**Current Mailing Address:**

PO BOX 4969  
CULVER CITY, CA 902313736

**New Mailing Address:**

FEI Number: 23-7282544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCNEIL, RON  
1799 SEMINOLE BLVD #45  
LARGO, FL 33778      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:**

Title: PD      ( ) Delete  
Name: HAFFERKAMP, ALFRED  
Address: PO BOX 4969  
City-St-Zip: CULVER CITY, CA 90231

Title: VD      ( ) Delete  
Name: MALANAPHY, HUGH JOHN  
Address: PO BOX 4969  
City-St-Zip: CULVER CITY, CA 90231

Title: SD      ( ) Delete  
Name: CARTER, CAROL  
Address: PO BOX 4969  
City-St-Zip: CULVER CITY, CA 90231

Title: TD      ( ) Delete  
Name: BOLLMAN, ANNE  
Address: PO BOX 4969  
City-St-Zip: CULVER CITY, CA 90231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD      (X) Change ( ) Addition  
Name: FENNIE, WILLIAM  
Address: PO BOX 4969  
City-St-Zip: CULVER CITY, CA 90231

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

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

SIGNATURE: ANNE BOLLMAN

TD

09/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date