2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000841

City-St-Zip:

Entity Name: PRODUCTS-4-PREVENTION. INC

FILED May 01, 2006 Secretary of State

Entity Nai	me: PRODUC	515-4-PREVENTION, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	INGHAM RD., SON, TX 750					
Current Mailing Address:			New Maili	New Mailing Address:		
	INGHAM RD., SON, TX 750					
FEI Number	: 05-0543965	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
ANDERLIE 752 COMN VENICE, F	IERCE DRIVE					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATU						
	Electro	nic Signature of Registered Ag	gent		Date	
		3(2)(b), F.S., the corporation did r grust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SLAVENS, CH	HAM RD., #1235	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	ANDERLIE, LU	CE DRIVE, SUITE 15	Title: Name: Address: City-St-Zip:	ANDERLIE, LU	CE DRIVE, SUITE 15	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	WANDER, LLC	CE DRIVE, SUITE 15	
Title: Name: Address:	() Delete	Title: Name: Address:	SCHAEFER, M) Change (X) Addition ARK K CE DRIVE. SUITE 15	

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

City-St-Zip: VENICE, FL 34292

SIGNATURE: MARK K SCHAEFER TS 05/01/2006