## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000004704

Entity Name: PREVX, INC.

City-St-Zip:

BOCA RATON, FL 33498

FILED Feb 16, 2005 Secretary of State

Entity Nai	me: PREVX,	INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	ATE ROAD 7, TON, FL 3349				
Current Mailing Address:			New Mailing Address:		
	ATE ROAD 7, TON, FL 3349				
FEI Number	: 27-0099253	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:		
JANOCK, JEFF 20283 STATE ROAD 7, SUITE 400 BOCA RATON, FL 33498 US			HARVEY, RALPH 20283 STATE ROAD 7, SUITE 400 BOCA RATON, FL 33498 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: RALPH HARVEY				02/16/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DOMINIQUE F	) Delete RANK RAY, IAN ROAD 7, SUITE 400 , FL 33498	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOMINIQUE F	) Delete RANK RAY, IAN ROAD 7, SUITE 400 , FL 33498	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STUBBS, PAU	ROAD 7, SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	JANOCK, JEF	) Delete F ROAD 7, SUITE 400	Title: DV Name: HARVEY, R Address: 20283 STAT	(X) Change()Addition ALPH TE ROAD 7, SUITE 400	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOCA RATON, FL 33498

SIGNATURE: RALPH HARVEY V 02/16/2005