

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003250 1. Entity Name PROUSYS, INC.					
Principal Place of Business 4700 NEW HORIZON BLVD. BAKERSFIELD CA 93313			Mailing Address 4700 NEW HORIZON BLVD. BAKERSFIELD CA 93313		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 77-0426313	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MUELLER, KEVIN 900 GULFSHORE DRIVE UNIT 2096 DESTIN FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State REC'D FEB 08 2006 Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ☐ Delete MUELLER, KEVIN 900 GULFSHORE DRIVE UNIT 2096 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 000000481313 04/11/06-30027-006 150.00		
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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: _____ KEVIN A. MUELLER 3/22/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					