2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001406

Entity Name: PROSPHERE, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4350 W. CYPRESS ST., #900 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

4350 W. CYPRESS ST., #900 TAMPA, FL 33607

FEI Number: 56-2554066 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:

SCHAER, ALFRED E FISCHMAN, BRUCE D ESQ 4300 W. CYPRESS ST., #900 3050 BISCAYNE BLVD SUITE 600 MIAMI, FL 33137 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: BRUCE FISCHMAN 05/01/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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

Title: P () Delete Title: P (X) Change () Addition

Name: CIUREJ, TOM Name: MEDINA, GERMAN

Address: 4350 W. CYPRESS ST., #900

Other St. Zing: TAMADA EL 23607

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: C (X) Delete Title: () Change () Addition

 Name:
 SCHAER, ALFRED E
 Name:

 Address:
 4350 W. CYPRESS ST., #900
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CORLIETO, MARTIN
 Name:

 Address:
 4350 W. CYPRESS ST., #900
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 BIRES, KEN
 Name:

 Address:
 4350 W. CYPRESS ST., #900
 Address:

 City-St-Zip:
 TAMPA, FL 33607
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERMAN MEDINA P 05/01/2007