2005 FOR PROFIT CORPORATION

Apr 30, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F65412 1. Entity Name D. A. PRO ENTERPRISES, INC. Principal Place of Business Mailing Address 338 WHITFIELD AVE PO BOX 15187 SARASOTA, FL 34243 SARASOTA, FL 34277 US 04272005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2155143 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HIGGINBOTHAM, LARRY E. DO NOT WRITE 338 WHITFIELD AVE. SARASOTA, FL 34243 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HIGGINBOTHAM, LARRY E. NAME 338 WHITFIELD AVE STREET ADDRESS CITY - ST - ZIP SARASOTA, FL TITLE U00000348470 05/02/05-80024-024 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/2 TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attach, then the my address, with all other like empowered.

NAME STREET ADDRESS CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED