


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000004833	
1. Entity Name PRO UNLIMITED, INC.	

Principal Place of Business 415 CROSSWAYS PARK DR WOODBURY, NY 11797 US	Mailing Address 415 CROSSWAYS PARK DR WOODBURY, NY 11797 US
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DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3119651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, ANDREW 301 YAMATO ROAD STE 4160 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHN FANNING 415 CROSSWAYS PARK DR WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT MACCARRONE, HARRY V 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF ENDE, ROBERT F. 415 CROSSWAYS PARK DRIVE WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANNICELLI, LINDA 415 CROSSWAYS PARK DR WOODBURY, NY 11797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARTHUR A FELTMAN 415 CROSSWAYS PARK DR WOODBURY, NY 11797

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03/28/05-80042-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE: Arthur A. Feltman Arthur A. Feltman, Asst. Sec. 3/21/05 (516) 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #