2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000004833

1. Entity Name
PRO UNLIMITED, INC.

Principal Place of Business	Mailing Address
415 CROSSWAYS PARK DR WOODBURY, NY 11797 US	415 CROSSWAYS PARK DR WOODBURY, NY 11797 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3119651
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000535557
05/08/06-80057-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHULTZ, ANDREW
STREET ADDRESS	301 YAMATO ROAD STE 4160
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CEO
NAME	JOHN FANNING
STREET ADDRESS	415 CROSSWAYS PARK DR
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	EVPT
NAME	MACCARRONE, HARRY V
STREET ADDRESS	415 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	VPF
NAME	ENDE, ROBERT F.
STREET ADDRESS	415 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	S
NAME	ANNICELLI, LINDA
STREET ADDRESS	415 CROSSWAYS PARK DR
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	AS
NAME	ARTHUR A FELTMAN
STREET ADDRESS	415 CROSSWAYS PARK DR
CITY-ST-ZIP	WOODBURY, NY 11797

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

Arthur A. Feltman

SIGNATURE: Arth a Felt VP+Asst Secretary 4/20/06 (516) 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #