2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

Aug 01, 2006 08:00 Al Secretary of State DOCUMENT # F97000002475 PROPORTIONAL RUNNINGS, INC. Principal Place of Business Mailing Address 3710 RAWLINS ST, SUITE 1000 3710 RAWLINS ST, SUITE 1000 **DALLAS, TX 75219** DALLAS, TX 75219 CR2E034 (11/05) No Chg-P 07172006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2678401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. **CPST** TITLE STENER, SABINE NAME 3710 RAWLINS ST, SUITE 1000 STREET ADDRESS CITY - ST - ZIP DALLAS, TX 75219 NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. Thereby 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 eath; 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 nent with an address, with all other like empowered.

SIGNATURE: _			PREZIDENT	07.24.06	214.528.8883
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		Date	Daytime Phone #