2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # K53557** 1. Entity Name PRO-CITE, INC. Principal Place of Business Mailing Address 140 TOMAHAWK DR P.O. BOX 372457 C-18 SATELLITE BEACH, FL 32937-2457 US INDIAN HARBOR BCH, FL 32937 CR2E034 (11/05) 02072008 No Chg-P Applied For 4. FEI Number 59-2931308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHMIDT, GREGORY MARK DO NOT WHITE 110 DEL MAR INDIATLANTIC, FL 32903 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000697571 10 OFFICERS AND DIRECTORS 04/25/08-80054-805 150.00 TITLE SCHMIDT, GREGORY MARK NAME STREET ADDRESS 110 DEL MAR CITY-ST-ZIP INDIATLANTIC, FL 32903 mre NAME STREET ADDRESS CITY-ST-ZIP DDF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE HALE STREET ADDRESS CITY - ST-789 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

SIGNATUPE

CITY-ST-ZIP

2-10-08

321-777-5599