


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000113080

1. Entity Name
 PROACT LLC



Principal Place of Business
 14140 S.E. U.S. HWY. 441, #29
 SUMMERFIELD, FL 34491-3455

Mailing Address
 P.O. BOX 1819
 MOUNT DORA, FL 32756

DO NOT WRITE IN THIS SPACE



04152007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3903790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUSS, RICHARD D
 1459 OVERLOOK DRIVE
 MOUNT DORA, FL 32757

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENNINGER, MARILYN S P.O. BOX 1819 MOUNT DORA, FL 32756
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARILYN S. HENNINGER *[Signature]* 4/19/07 (352) 383-2996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #