2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56074

Entity Name: PRO-TEM SERVICES, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1211 N WESTSHORE BLVD
1211 N WESTSHORE BLVD

SUITE 102 SUITE 309

TAMPA, FL 336074607 US TAMPA, FL 336074615 US

Current Mailing Address: New Mailing Address:

 1211 N WESTSHORE BLVD
 1211 N WESTSHORE BLVD

 SUITE 102
 SUITE 309

 TAMPA, FL 336074601 US
 TAMPA, FL 336074615 US

7.441.7, 12 33331 1313 333

FEI Number: 59-2998837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REEVES, WALTER NEAL

1620 WOODFIELD CT

LUTZ, FL 33549 US

REEVES, WALTER NEAL

1620 WOODFIELD CT

LUTZ, FL 33558 US

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.

SIGNATURE: 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PTD
 () Delete

 Name:
 REEVES, WALTER NEAL,

 Address:
 1620 WOODFIELD CT

 City-St-Zip:
 LUTZ, FL 33549

 Title:
 VSD
 () Delete

 Name:
 REEVES, ELAINE ELLEN,

 Address:
 1620 WOODFIELD CT

 City-St-Zip:
 LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: REEVES, WALTER NEAL,
Address: 1620 WOODFIELD CT
City-St-Zip: LUTZ, FL 33558

Title: VSD (X) Change () Addition

Name: REEVES, ELAINE ELLEN, Address: 1620 WOODFIELD CT City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER N. REEVES P 01/18/2005