

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003983

Entity Name: PROOFITONLINE.COM LLC

FILED  
May 24, 2006  
Secretary of State

## Current Principal Place of Business:

1660 TRADE CENTER WAY  
NAPLES, FL 34109

## New Principal Place of Business:

200 CASCADE POINTE LANE  
#106  
CARY, NC 27513

## Current Mailing Address:

1660 TRADE CENTER WAY  
#1  
NAPLES, FL 34109

## New Mailing Address:

200 CASCADE POINTE LANE  
#106  
CARY, NC 27513

FEI Number: 59-3585658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GRANT, RICHARD C  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES, FL 34108      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MUNZ, ROBERT  
Address: 860 NOTTINGHAM DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: MGRM      ( ) Delete  
Name: MUNZ, MARY BETH  
Address: 860 NOTTINGHAM DRIVE  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: MUNZ, ROBERT  
Address: 108 BARNES SPRING COURT  
City-St-Zip: CARY, NC 27519

Title: MGRM      (X) Change ( ) Addition  
Name: MUNZ, MARY BETH  
Address: 108 BARNES SPRING COURT  
City-St-Zip: CARY, NC 27513

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY BETH MUNZ

MGR

05/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date