## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 03, 2005 8:00 am Secretary of State

DOCUMENT # N0300004291  1. Entity Name PROPEL, INC.				08-03-2005 90060 034 ****61.25
Principal Place of Business 499 E. PALMETTO PARK RD., STE. 208 BOCA RATON, FL 33432  Mailing Address 499 E. PALMETTO PAR BOCA RATON, FL 33432  BOCA RATON, FL 33432				50059517
2. Principal Place of Business		3. Mailing Address		} 
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072005 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For NOT APPLICABLE Not Applied
Zip	Country	Żip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
BOCA RATON, FL 33432				s.E. 2nd St. Suite 860
	ations of registered agent.	ldr, Esq.		pistered agent, or both, in the State of Florida. Lam familiar with, and acception of the state of Florida.
		9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY-CHASSE, CARLYN E 8699 CRATER TERR. LAKE PARK, FL 33403	⊠ Delete	NAME R STREET ADDRESS 4	?/D □ Change ☑ Additio Roxanna Trinka 199 E. Palmetto Park Rd., Ste. 20 <b>9</b> Boca Raton, Fl 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, STEVEN L 8699 CRATER TERR. LAKE PARK, FL 33403	⊠ Delete	NAME J	7/D ⊠ Change ☐ Addilio Jim Batmasian 199 E. Palmetto Park Rd., Ste. 20 <b>\$</b> Boca Raton, F1 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATMASIAN, JIM 8699 CRATER TERR. LAKE PARK, FL 33403	☐ Defete .	NAME M	G/D Schange Addition Marta Batmasian 199 E. Palmetto Park Rd., Ste. 20% Boca Raton, F1 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATMASIAN, MARTA 8699 CRATER TERR. LAKE PARK, FL 33403	☐ Delete	NAME M STREET ADDRESS 4	T/D □ Change ☑ Addition Marie-Claude Gelinas 199 E. Palmetto Park Rd., Ste. 208 Boca Raton, Fl 33432
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby coindicated of the corp	ertify that the information supplied with this on this report or supplemental report is trustonation or the receiver or truston or the receiver or truston er truston er the receiver or truston er truston	is filing does not qualify for the and accurate and that my bred to execute this report a	he exemption stated in the signature shall have the required by Chapter 6	Section 119.07(3)(i). Florida Statutes. I further certify that the information se same legal effect as if made under oath; that I am an officer or director 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if