

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010151

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: PROFESSOR FROG, INC.

**Current Principal Place of Business:**

15520 CORTEZ BLVD.  
BROOKSVILLE, FL 34613

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12244  
BROOKSVILLE, FL 346032244

**New Mailing Address:**

FEI Number: 20-3429761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BEARDSLEY, MYRA  
15520 CORTEZ BLVD.  
BROOKSVILLE, FL 34613      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: RUDNICK, KENNETH  
Address: 15520 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613

Title: D      ( ) Delete  
Name: BEARDSLEY, MYRA  
Address: 15520 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613

Title: D      ( ) Delete  
Name: SWEINSBURG, BARBARA  
Address: 15520 CORTEZ BLVD.  
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH RUDNICK

D

07/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date