

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 11, 2007  
Secretary of State**

DOCUMENT# N47307

Entity Name: THE PROLOGUE SOCIETY, INC.

**Current Principal Place of Business:**

C/O NORTHERN TRUST COMPANY  
700 BRICKELL AVE  
MIAMI, FL

**New Principal Place of Business:**

C/O NORTHERN TRUST COMPANY  
700 BRICKELL AVE  
MIAMI, FL 33131

**Current Mailing Address:**

C/O NORTHERN TRUST COMPANY  
700 BRICKELL AVE  
MIAMI, FL

**New Mailing Address:**

C/O NORTHERN TRUST COMPANY  
700 BRICKELL AVE  
MIAMI, FL 33131

FEI Number: 65-0334615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

SACHER, CHARLES P ESQ  
SACHER, MARTINI & SACHER, P.A.  
2655 LEJEUNE RD, SUITE 1101  
CORAL GABLES, FL 33134 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:**

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

Title: CD      ( ) Delete  
Name: BETAHCOURT-LEWIS, CARMEN  
Address: 1111 CRANDON BLVD., APT. B302  
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: D      ( ) Delete  
Name: RUWITCH, ROBERT  
Address: 601 BRICKELL KEY DRIVE, APT 505  
City-St-Zip: MIAMI, FL 33131

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

Title: D/ST      ( ) Delete  
Name: CRUZ, DIANE  
Address: 1119 NW 161 AVE  
City-St-Zip: HOLLYWOOD, FL 33028

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

Title: D      ( ) Delete  
Name: SCHULTE, JOANNE  
Address: 600 CORAL WAY, UNIT 8  
City-St-Zip: MIAMI, FL 33134

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

Title: D      ( ) Delete  
Name: BANDER, MICHAEL  
Address: 5000 ALHAMBRA CIRCLE  
City-St-Zip: MIAMI, FL 33134

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

Title: D      ( ) Delete  
Name: BENJAMIN, PAUL DMD  
Address: 25 SE 2ND AVE, SUITE 336  
City-St-Zip: MIAMI, FL 33136

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: DIANE CRUZ

SEC

07/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date