

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2008
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 33131

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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:

Title: () Change () Addition
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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: DIANE CRUZ

D/ST

02/05/2008

Electronic Signature of Signing Officer or Director

_____ Date