
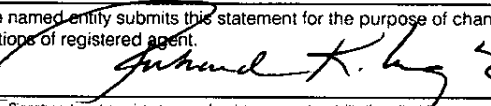
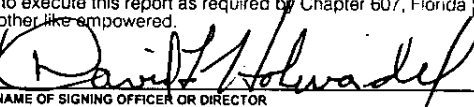


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90020 018 \*\*\*150.00

DOCUMENT # P00000038427					
1. Entity Name <b>PRO TEASER, INC.</b>					
Principal Place of Business <b>2455 EAST SUNRISE BLVD., SUITE 320 INTERNATIONAL BUILDING FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>2455 EAST SUNRISE BLVD., SUITE 320 INTERNATIONAL BUILDING FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business - No P.O. Box # <b>3101 N. Federal Highway</b>		3. Mailing Address <b>3101 N. Federal Highway</b>			
Suite, Apt. #, etc. <b>301</b>		Suite, Apt. #, etc. <b>Suite 301</b>			
City & State <b>Fort Laud., Florida</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-1005623</b>	
Zip <b>33306</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INGLIS, RICHARD K ESQ 2455 EAST SUNRISE BLVD., SUITE 320 INTERNATIONAL BUILDING FORT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent  <b>Richard K. Inglis, Esquire Street Address (P.O. Box Number is Not Acceptable) 3101 North Federal Highway Suite 301 City Port Lauderdale <b>FL</b> Zip Code <b>33306</b></b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  <b>David L. Holwadel</b> 2/26/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLWADEL, DAVID L 2455 EAST SUNRISE BLVD., SUITE 320 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holwadel, David L 3101 N. Federal Highway, #301 Fort Laud., FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>DAVID L. HOLWADEL</b>  <b>02/26/08</b> 954-565-1977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					