

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90026 006 ***150.00

DOCUMENT # P00000082172			
1. Entity Name PREDICTIVE RESTORATION & DISASTER RECOVERY, INC.			
Principal Place of Business 111 DA VINCI DR. NOKOMIS, FL 34275		Mailing Address 111 DA VINCI DR. NOKOMIS, FL 34275	
2. Principal Place of Business - No P.O. Box # 2220 SIERRA DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 2155 <small>Suite, Apt. #, etc.</small>	
City & State N. Smyrna Beach, FL Zip: 32168 Country: USA		City & State N. Smyrna Bch, FL Zip: 32170 Country: USA	
4. FEI Number 65-1036637		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, KENNETH W 111 DA VINCI DR. NOKOMIS, FL 34275		7. Name and Address of New Registered Agent Name: JACKSON, KENNETH W. Street Address (P.O. Box Number is Not Acceptable): 2220 SIERRA DR. City: N. Smyrna Bch. FL Zip Code: 32168	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: JACKSON, KENNETH W STREET ADDRESS: 111 DA VINCI DR. CITY-ST-ZIP: NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE: DP NAME: JACKSON, KENNETH W. STREET ADDRESS: 2220 SIERRA DR. CITY-ST-ZIP: N. Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		1-18-08 386-402-4595 <small>Date Daytime Phone #</small>	