

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108314

FILED
Apr 04, 2005
Secretary of State

Entity Name: PROM TECH ENTERPRISES, INC.

Current Principal Place of Business:

266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY, FL 32707

Current Mailing Address:

266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY, FL 32707

New Principal Place of Business:

950 S WINTERPARK DRIVE
SUITE 305
CASSELBERRY, FL 32707

New Mailing Address:

950 S WINTERPARK DRIVE
SUITE 305
CASSELBERRY, FL 32707

FEI Number: 54-2098333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, LAWRENCE
266 WILSHIRE BOULEVARD
SUITE 127
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

LEWIS, LEON
950 S WINTERPARK DRIVE
SUITE 305
CASSELBERRY, FL 32707 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: LEON LEWIS

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, LAWRENCE
Address: 266 WILSHIRE BOULEVARD, SUITE 127
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: LEWIS, CHARMINE
Address: 266 WILSHIRE BOULEVARD, SUITE 127
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: LEWIS, CHRISTINA
Address: 266 WILSHIRE BOULEVARD, SUITE 127
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: LEWIS, LEON
Address: 266 WILSHIRE BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: LEWIS, SHIRLEY
Address: 266 WILSHIRE BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: ARIF, MOHD
Address: 266 WILSHIRE BOULEVARD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, LEON
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: STD (X) Change () Addition
Name: LEWIS, CHARMINE
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: LEWIS, CHRISTINA
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: LEWIS, LAWRENCE
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: LEWIS, SHIRLEY
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: ARIF, MOHD
Address: 950 S WINTERPARK DRIVE, SUITE 305
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON LEWIS

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date