2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 02, 2005 08:00 AM

DOCUMENT # P01Q00013950 1. Entity Name PREVTECH CORPORATION				Secretary of Stat		
4044 W LAK # 410	rincipal Place of Business Mailing Address .044 W LAKE MARY BLVD # 410 AKE MARY, FL 32746 Mailing Address 4044 W LAKE MARY BLVD # 410 LAKE MARY, FL 32746					
C	OO NOT WRITE		CE	05302005 4. FEI Numbi 59-399	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		······································		
JACOBSON, PAUL 4044 W. LAKE MARY BLVD., #410 LAKE MARY, FL 32746			DO NOT WRITE IN THIS SPACE			
8. The above	named entity submits this statement for	the purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
	tions of registered agent.			_		
SIGNATURE					<u> </u>	_ .
	Signature, typed or printed name of registered agent an	o litle il applicable. (NOTE, Register	ed Agent signature required	when reinstating)	<u> </u>	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Fina Trust Fund Contribution. 7. Trust Fund Contribution.		.00 May Be led to Fees	In accordance v corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice,
10. OFFICERS AND DIRECTORS			J			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JACOBSON, PÁUL 1733 WINTER GREEN BLVD WINTER PARK, FL 32792	-			U00000	368854
TITLE NAME STREET ADDRESS CITY-ST-ZIP					06/02/05- 	80002-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME			1	IN 7	THIS SP	ACE

12. I hereby certify that the information supplied with this filling does not qualify 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 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 this see 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DI