2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: GEORGE M PROTE ME SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 16, 2007 8:00 am Secretary of State

DOCUMENT # P01000121458 1. Entity Name PRATL INVESTMENTS CORPORATION							01-16-2007	' 90197 0	21 ***150	0.00	
Principal Place 331 RIDGEMO WILLOWBROO	OOR DR.	Mailing Address 331 RIDGEMOOR DR. WILLOWBROOK, IS 60527									
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address				-					
Suite, Apt. #, etc.		Suite, Apt. #. etc.				01052007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Numbe 04-367			No	plied For t Applicable	
Zip	Country Zip Cour			try		5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
PRATL, GEORGE M 18010 MONTELÄĞO CT. FT. MYERS, FL 33913					Street Address (P.O. Box Number is Not Acceptable)						
				City NAPLES 1 FL Zip Code							
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 SCOTT GRANT, R.A. Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.				CHANGES TO OF			S IN 11	
TITLE	D Delete TITL				PRI	ath, ato	EGE M.	PRES,	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	18010 MONTELAGO CT.		ET ADDRESS	331 RIDGEMOOR OR. WILLOWBROOK, IL GOSAT							
				-S1-ZIP	10	THIELD	, E 0F	47/	VaP.	Dec	
TITLÉ NAME	☐ Delete TITL			: F	777	I DIDE	ENOOR O	RIVE	∐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -S1-ZIP	WIL	LOWBRO	OK, IL 6	5W27			
TITLE		☐ Delete	TITLE	1					☐ Change	Addition	
NAME STREET ADDRESS			NAMI STRE	E Et address							
CITY-ST ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE			**			☐ Change	Addition	
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CITY-ST-ZIP				ET ADORESS -ST-ZIP							
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NAME			NAM							_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP						ļ	
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME			NAMI						-		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -SI-ZIP							
12. Thereby o	ertify that the information supplied with	this filing does not qualify fo	r the eye	emotions co	ontained	in Chapter 119). Florida Statutes	I further cer	tify that the in	oformation	
of the cor	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	strue and accurate and that notwered to execute this report	ny signat as requit	Tire shall ha	ant ave	same lensi offer	st se if made under	oath-that I	am an officer	or discostor	

1-11-07

Date

630-789-8799

Daytime Phone #