

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020915

Entity Name: PROAPP DESIGN, INC.

FILED  
Jan 17, 2005  
Secretary of State

## Current Principal Place of Business:

1 NE FIRST AVE.  
300  
OCALA, FL 34470 US

## New Principal Place of Business:

## Current Mailing Address:

1 NE FIRST AVE.  
300  
OCALA, FL 34470 US

## New Mailing Address:

FEI Number: 03-0393210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AZAR, CHRISTOPHER  
9128 SW 154TH ST.  
SUMMERFIELD, FL 34491 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AZAR, CHRISTOPHER M  
Address: 9128 SW 154TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER M. AZAR

PRES

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date