2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054133

HENDRY, BOB

1075 58TH STREET NORTH SUITE A

ST. PETERSBURG, FL 33710

Name:

Address:

City-St-Zip:

FILED Feb 26, 2007 Secretary of State

Entity Na	me: PRO BIZ	, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ERTON ROAI ATER, FL 337						
Current Mailing Address:			New Maili	New Mailing Address:			
	ERTON ROAI ATER, FL 337						
FEI Number	: 20-0587830	FEI Number Applied For () FEI Number Not App	licable ()	Certificate of Status Desi	red()	
Name and	Address of	Current Registered Age	nt: Name and	Address of	New Registered Agent	:	
	ON, ANN ERTON ROAI ATER, FL 337						
The above in the State	e named entity e of Florida.	submits this statement for	r the purpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUI	RE:						
	Electro	nic Signature of Registere	d Agent		Date		
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	PR (GUIBERSON, 4590 ULMERT CLEARWATER	ON ROAD	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	BINDMAN, MIC 6400 4TH STR		Title: Name: Address: City-St-Zip:	ADAMO, VICT	LE BOULEVARD		
Title: Name: Address: City-St-Zip:	VC (NEIMAN, LAUF 8106 US HWY PORT RICHEY	19 NORTH	Title: Name: Address: City-St-Zip:	BINDMAN, MIC 5156 CENTRA			
Title:	ST () Delete	Title:	ST ()	K) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

COTTERMAN, SANDY

609 SOUTH FT HARRISON

CLEARWATER, FL 33756

SIGNATURE: ANN GUIBERSON PR 02/26/2007