


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000077762 1. Entity Name PRODEVCO, INC. |  |
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|---|---|
| Principal Place of Business 521 BIRDSONG COURT LONGWOOD, FL 32779 | Mailing Address 521 BIRDSONG COURT LONGWOOD, FL 32779 |
|---|---|

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 13-4203687 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DIGLIO-BENKIRAN, MICHELE ESQ.
1999 WEST COLONIAL DRIVE
STE 204
ORLANDO, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature Required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1000000532748
05/06/06-80089-024 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MIRAGLIA, STEPHEN J 521 BIRDSONG COURT LONGWOOD, FL 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MIRAGLU, BARBARA 4215 W. KENSMUGTONA VE TAMPA, FL 33629 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/22/06** **407 617-0742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #