2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# P02000079707

Entity Name: PROCUSERVE, INC.

Current Principal Place of Business:

2470 NW 102ND PLACE, SUITE 104
DORAL, FL 33172

New Principal Place of Business:

8880 NW 20TH STREET
SUITE M
DORAL, FL 33172

Current Mailing Address:

2470 NW 102ND PLACE, SUITE 104
DORAL, FL 33172

New Mailing Address:

8880 NW 20TH STREET
SUITE M
DORAL, FL 33172

FEI Number: 02-0634348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAFONTANT, GEORGES C
2470 NW 102ND PLACE, SUITE 104
DORAL, FL 33172 US

Name and Address of New Registered Agent:

LAFONTANT, GEORGES C
8880 NW 20TH STREET
SUITE M
DORAL, FL 33172 US

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: G. CLAUDE LAFONTANT 03/10/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAFONTANT, GEORGES C
Address: 2470 NW 102ND PLACE, SUITE 104
City-St-Zip: DORAL, FL 33172

Title: VPD ( ) Delete
Name: INNISS, CARL A
Address: 2470 NW 102ND PLACE, SUITE 104
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAFONTANT, GEORGES C
Address: 8880 NW 20TH STREET, SUITE M
City-St-Zip: DORAL, FL 33172

Title: VPD (X) Change ( ) Addition
Name: INNISS, CARL A
Address: 8880 NW 20TH STREET, SUITE M
City-St-Zip: DORAL, FL 33172

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

SIGNATURE: G. CLAUDE LAFONTANT PD 03/10/2008
Electronic Signature of Signing Officer or Director Date