## 2005 FOR PRQFIT CORPORATION

SIGNATURE:

IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** ANNUAL REPORT Jul 11, 2005 08:00 AM DOCUMENT # P02000090010 **Secretary of State** EICHNER & ASSOCIATES, INC. Principal Place of Business Mailing Address 2560 TUSCALOOSA TRIAL \_ 2560 TUSCALOOSA TRIAL MAITLAND, FL 32751 MAITLAND, FL 32751 07012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0421959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EICHNER, GREG T DO NOT WRITE 2560 TUSCALOOSA TRIAL MAITLAND, FL 32751 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS PD TITLE EICHNER, GREG T NAME #00000372279 07/11/05-80026-012 150.00 STREET ADDRESS 2560 TUSCALOOSA TRIAL CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 the empowered.