2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P02000102396

Entity Name: PROLINE NETWORK AND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

660 SW164TH AVE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

P O BOX 820821
SOUTH FLORIDA, FL 33082

New Mailing Address:

FEI Number: 06-1646767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, BEN L
660 SW 164TH AVE
PEMBROKE PINES, FL 33027 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HUDSON, BEN L
Address: 660 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD ( ) Delete
Name: HUDSON, BRENDA L
Address: 660 SW 164 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD ( ) Delete
Name: ROBERTS, PAQUITA
Address: P.O. BOX 2189
City-St-Zip: EAST ORANGE, NJ 07019

Title: TD ( ) Delete
Name: JACKSON, AARON
Address: 3435 NW 82 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BENJAMIN L. HUDSON PD 05/11/2009

Electronic Signature of Signing Officer or Director Date