2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102396

FILED Apr 01, 2010 Secretary of State

Entity Name: PROLINE NETWORK AND MANAGEMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

660 SW164TH AVE 4701 SW 45TH ST PEMBROKE PINES, FL 33027 DAVIE, FL 33314

Current Mailing Address: New Mailing Address:

P O BOX 820821 SOUTH FLORIDA, FL 33082

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUDSON, BEN L
660 SW 164TH AVE
PEMBROKE PINES, FL 33027 US
HUDSON, BRENTON L
210 DIXIE DRIVE
TALLAHASSEE, FL 32304 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: BRENTON L HUDSON 04/01/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD

Name: HUDSON, BEN L

Address: 3801 CHASE WELLESLEY CT City-St-Zip: RICHMOND, VA 23233

Title: SD

Name: HUDSON, BRENDA L
Address: 3801 CHASE WELLESLEY CT
City-St-Zip: RICHMOND, VA 23233

Title: VPD

Name: ROBERTS, PAQUITA Address: P.O. BOX 2189

City-St-Zip: EAST ORANGE, NJ 07019

Title: TD

 Name:
 JACKSON, AARON

 Address:
 3435 NW 82 STREET

 City-St-Zip:
 MIAMI, FL 33147

Title: VPD

 Name:
 HUDSON, BRENTON L

 Address:
 210 DIXIE DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32304

I hereby 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 all other like empowered.

SIGNATURE: BENJAMIN L HUDSON PD 04/01/2010