2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P03000057744

Entity Name: PRO-MANAGMENT SOLUTIONS, INCORPORATED

Current Principal Place of Business:

4744 NW 115 TERRACE
CORAL SPRINGS, FL 33078

New Principal Place of Business:

8409 FOREST HILLS DR #201
CORAL SPRINGS, FL 33065

Current Mailing Address:

4744 NW 115 TERRACE
CORAL SPRINGS, FL 33078

New Mailing Address:

P.O. BOX 8864
CORAL SPRINGS, FL 33075

FEI Number: 20-0124390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARISI, KIMBERLY
4744 NW 115 TERRACE
CORAL SPRINGS, FL 33078

Name and Address of New Registered Agent:

KLING, KIMBERLY
8409 FOREST HILLS DR #201
CORAL SPRINGS, FL 33065

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: KIMBERLY KLING 01/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARISI, SEBASTIAN J
Address: 4744 NW 115 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33078

Title: VD (X) Delete
Name: PARISI, KIMBERLY A
Address: 4744 NW 115 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33078

Title: STD (X) Delete
Name: MANOCCHIO, RHONDA
Address: 4744 NW 115 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33078

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KLING, KIMBERLY
Address: P.O. BOX 8864
City-St-Zip: CORAL SPRINGS, FL 33075

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 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 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: KIMBERLY KLING PD 01/15/2004
Electronic Signature of Signing Officer or Director Date