

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90224 004 ***150.00

DOCUMENT # P03000066398					
1. Entity Name PROINSPEC, INC.					
Principal Place of Business 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446			Mailing Address 16267 BRISTOL PT. DR. DELRAY BEACH, FL 33446		
2. Principal Place of Business - No P.O. Box # 8920 VALHALLA DR.		3. Mailing Address 8920 VALHALLA DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH FL.		City & State DELRAY BEACH FL.		4. FEI Number 57-1171729	
Zip 33446		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMPULLA, JOSEPH 16267 BRISTOL POINT DRIVE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name: RAMPULLA, JOSEPH Street Address (P.O. Box Number is Not Acceptable): 8920 VALHALLA DRIVE City: DELRAY BEACH FL Zip Code: 33446			
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: <i>Joseph Rampulla</i> DATE: 04-25-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: RAMPULLA, JOSEPH STREET ADDRESS: 16267 BRISTOL POINT DR. CITY-ST-ZIP: DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE: P NAME: RAMPULLA, JOSEPH STREET ADDRESS: 8920 VALHALLA DRIVE CITY-ST-ZIP: DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE: <i>Joseph Rampulla</i>			PRES 04-25-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Days/Phone #</small>		