## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000066957

GERGELY, LÌNDA

BUDAPEST, HU 1165 HU

CSINSZKA U. 32

Name:

Address:

City-St-Zip:

FILED Jul 09, 2008 Secretary of State

Entity Nar	ne: PREPOF	RT, INC			
Current Principal Place of Business:			New Principal PI	New Principal Place of Business:	
424 E. CEN	NTRAL BLVD				
ORLANDO	), FL 32801	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
424 E. CEN	NTRAL BLVD				
	), FL 32801	US			
FEI Number:	76-0735958	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
SZAFRICS, IMRE 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 US			424 E. CENTRAL # 106	IMWORLD SERVICES, INC. 424 E. CENTRAL BLVD # 106 ORLANDO, FL 32801 US	
The above				tered office or registered agent, or both,	
SIGNATURE: IMRE SZAFRICS, CEO				07/09/2008	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( GERGELY, CS CSINSZKA U.: BUDAPEST, H	32	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( GERGELYNE, CSINSZKA U.: BUDAPEST, H	32	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TREA ( GERGELY, CS CSINSZKA U.: BUDAPEST, H	32	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	SEC (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CSABA GERGELY **PRES** 07/09/2008