

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070435

FILED
Apr 20, 2006
Secretary of State

Entity Name: PROVAD, INC.

Current Principal Place of Business:

11905 OAK TRAIL WAY
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

11905 OAK TRAIL WAY
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 11-3693517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELLS, TIMOTHY P
11905 OAK TRAIL WAY
PORT RICHEY, FL 34668 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWELLS, TIMOTHY P
Address: 11905 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D () Delete
Name: HOWELLS, CHRISTIN
Address: 8943 WICKER LANE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D () Delete
Name: HOWELLS, SHELLEY
Address: 8943 WICKER LANE
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S (X) Delete
Name: SCHRADER, DAVID P
Address: 11905 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668 US

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 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: TIMOTHY P HOWELLS

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date