

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070435

FILED  
Apr 27, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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: TIMOTHY HOWELLS

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date