

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90026 009 \*\*\*150.00

<b>DOCUMENT # P03000081261</b>					
<b>1. Entity Name</b> PRO REFERRALS CORP.					
<b>Principal Place of Business</b> 2250 SPRING LAKE CIRCLE ST. CLOUD, FL 34771			<b>Mailing Address</b> 20 N ORANGE AVE SUITE 600 ORLANDO, FL 32801		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2250 Spring Lake Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Cloud, Florida		<b>4. FEI Number</b> 20-0109446	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 34771		Country Osceola		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HENDRY, STONER, CALANDRINO & BROWN, PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name James A Sullivan Street Address (P.O. Box Number is Not Acceptable) 2250 Spring Lake Circle City St. Cloud FL Zip Code 34771		
<b>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.</b> SIGNATURE <u>James A Sullivan, Vice Pres.</u> <span style="float: right;">03/10/2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT SULLIVAN, JAMES A 2250 SPRING LAKE CIRCLE ST. CLOUD, FL 34771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SULLIVAN, VEDA M 2250 SPRING LAKE CIRCLE ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE: James A Sullivan</b> <i>James A Sullivan</i>				03/10/07 407-709-1497	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	