


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000086691 1. Entity Name PROPOSAL MASTERS INC	
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Principal Place of Business 2425 MCGRAW AVE MELBOURNE, FL 32934	Mailing Address 2425 MCGRAW AVE MELBOURNE, FL 32934
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DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0527366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SLIS, ROBERT A
2425 MCGRAW AVE
MELBOURNE, FL 32934**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLIS, ROBERT A 2425 MCGRAW AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLIS, VICTORIA R 2425 MCGRAW AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SLIS, ROBERT A 2425 MCGRAW AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SLIS, ROBERT A 2425 MCGRAW AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SLIS, ROBERT A 2425 MCGRAW AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-R0132-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert A. Slis 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #