## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P03000093129** 1. Entity Name PRO RESTORE, INC. Principal Place of Business Mailing Address 7510 LEWIS ROAD 7510 LEWIS ROAD LAKELAND, FL 33810 LAKELAND, FL 33810 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2211887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BÁUMGARTNER, RONALD F DO NOT WRITE 7510 LEWIS ROAD LAKELAND, FL 33810 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent someture required whon reinstating) - 000000923209 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 05/16/08-80021-014 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAUMGARTNER, RONALD F STREET ADDRESS 7510 LEWIS ROAD LAKELAND, FL 33810 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 海风等经过的强化。

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 8638589496

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