

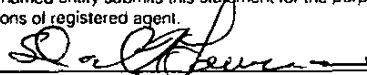
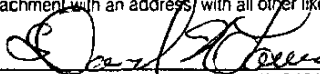


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90249 001 \*\*\*158.75

<b>DOCUMENT # P03000117657</b> 1. Entity Name <b>PRO-TRIM INC.</b>					
Principal Place of Business <b>4648 29TH STREET SW LEHIGH ACRES, FL 33971</b>			Mailing Address <b>4648 29TH STREET SW LEHIGH ACRES, FL 33971</b>		
2. Principal Place of Business <b>2617 14<sup>th</sup> Street West</b> Suite, Apt. #, etc.		3. Mailing Address <b>2617 14<sup>th</sup> Street West</b> Suite, Apt. #, etc.			
City & State <b>LeHIGH ACRES FL</b> Zip Country <b>33971-5456 US</b>		City & State <b>LeHIGH ACRES, FL</b> Zip Country <b>33971-5456 USA</b>		4. FEI Number <b>20-0427797</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>RUSSELL, EARL R 322 GUNNERY ROAD SUITE D LEHIGH ACRES, FL 33971</b>			7. Name and Address of New Registered Agent Name <b>LAWRENCE, DAVID K</b> Street Address (P.O. Box Number is Not Acceptable) <b>2617 14<sup>th</sup> Street West</b> City <b>LeHIGH ACRES FL</b> Zip Code <b>33971</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. SIGNATURE  DATE <b>4-28-06</b> <small>Signature, typed or printed name of registered agent and date of acceptance. (NOTE: Registered Agent signature required when re-statuting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LAWRENCE, DAVID K</b> <b>4648 29TH STREET SW</b> <b>LEHIGH ACRES, FL 33971</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LAWRENCE, DAVID K</b> <b>2617 14<sup>th</sup> Street West</b> <b>LeHIGH ACRES, FL 33971-5456</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>LAWRENCE, PATRICIA A.</b> <b>2617 14<sup>th</sup> Street West</b> <b>LeHIGH ACRES, FL 33971-5456</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>LAWRENCE, David K</b> DATE <b>4-28-06</b> DAYTIME PHONE <b>239-707-3704</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					