2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155146

Name:

Address:

City-St-Zip:

FILED Sep 05, 2005 Secretary of State

Entity Nar	ne: PROMAS	STER TRIM COMPAN	Y				
Current Principal Place of Business:				New Principal Place of Business:			
	NDCLIFF DRI), FL 32817						
Current Mailing Address:				New Mailing Address:			
	NDCLIFF DRI 9, FL 32817	VE US					
FEI Number:	61-1435463	FEI Number Applied F	or () FEI Nui	mber Not Appl	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
10651 NE MIAMI SHO	LINGS, LLC 11TH COURT DRES, FL 331		. F	. 		ad affice acceptanced a	
	named entity: of Florida.	submits this statement	t for the purpose o	or changing i	ts registere	ed office or registered a	gent, or both,
SIGNATUF	RE:						
	Electror	nic Signature of Regist	ered Agent			Date	_
		3(2)(b), F.S., the corporate Trust Fund Contribution		the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MOORE, CLIFT 10526 WYNDO ORLANDO, FL	LIFF DR.		Title: Name: Address: City-St-Zip:		(X) Change () Addition CLIFTON NDCLIFF DR. , FL 32817 US	
Title: Name: Address: City-St-Zip:	S () LANKE, YVONI 10525 WYNDO ORLANDO, FL	LIFF DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition VONNE M NDCLIFF DR , FL 32817	
Title [.]	()) Delete		Title [.]	V	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MOORE, HAMPTON H 10526 WYNDCLIFF DR

ORLANDO, FL 32817

SIGNATURE: CLIFTON H. MOORE Ρ 09/05/2005