2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000019746

Entity Name: PRO RESTORATION INC.

Current Principal Place of Business:

2720 COZUMEL DRIVE #1516
MELBOURNE, FL 32935

New Principal Place of Business:

772 OCEAN DRIVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

2720 COZUMEL DRIVE #1516
MELBOURNE, FL 32935

New Mailing Address:

772 OCEAN DRIVE
SATELLITE BEACH, FL 32937

FEI Number: 20-0984581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HESTER, BRIAN
2720 COZUMEL DRIVE #1516
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

HESTER, BRIAN
772 OCEAN DRIVE
SATELLITE BEACH, FL 32937 US

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.

SIGNATURE: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HESTER, BRIAN
Address: 2720 COZUMEL DRIVE #1516
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete
Name: DIVENS, LISA
Address: 2720 COZUMEL DRIVE #1516
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HESTER, BRIAN
Address: 772 OCEAN DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V (X) Change ( ) Addition
Name: DIVENS, LISA
Address: 772 OCEAN DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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.

SIGNATURE: BRIAN HESTER PSTD 04/27/2005
Electronic Signature of Signing Officer or Director — Date