

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019746

Entity Name: PRO RESTORATION INC.

FILED  
May 14, 2008  
Secretary of State

## Current Principal Place of Business:

585 COCONUT ST.  
SATELLITE BEACH, FL 32937

## New Principal Place of Business:

## Current Mailing Address:

585 COCONUT ST.  
SATELLITE BEACH, FL 32937

## New Mailing Address:

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  
772 OCEAN DRIVE  
SATELLITE BEACH, FL 32937 US

## Name and Address of New Registered Agent:

HESTER, BRIAN  
585 COCONUT STREET  
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:

05/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: HESTER, BRIAN  
Address: 585 COCONUT ST  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V (X) Change ( ) Addition  
Name: DIVENS, LISA  
Address: 585 COCONUT ST  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

05/14/2008

Electronic Signature of Signing Officer or Director

Date