

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054954

FILED
Apr 29, 2005
Secretary of State

Entity Name: PROACTIVE MAINTENANCE SOLUTIONS, INC.

Current Principal Place of Business:

156 20 AVENUE SOUTHEAST
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

156 20 AVENUE SOUTHEAST
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOROWITZ, JEFFREY M
156 20 AVENUE SOUTHEAST
ST. PETESBURG, FL 33705 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOROWITZ, JEFFREY M
Address: 156 20 AVENUE SOUTHEAST
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: T/S () Delete
Name: HOROWITZ, REBECCA P
Address: 156 20 AVENUE SOUTHEAST
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: VP (X) Delete
Name: PURELIANI, TAMAZ
Address: 5510 TANGERINE AVENUE SOUTH
City-St-Zip: GULFPORT, FL 33707 US

Title: VP (X) Delete
Name: MESHVELIANI, SHOTA
Address: 6947 16 PLACE NORTH, #739
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VP (X) Delete
Name: KHIDASHELI, NATIA
Address: 6947 16 PLACE NORTH, #739
City-St-Zip: ST. PETERSBURG, FL 33710 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REBECCA HOROWITZ

T/S

04/29/2005

Electronic Signature of Signing Officer or Director

Date