2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083928

Entity Name: PROGRESSIVE MANAGEMENT ASSOCIATES, INC

FILED Apr 21, 2006 Secretary of State

Littly Nai	ile. FROGRESSIV	E MANAGEMENT ASSO	CIATES, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1001 NOR	TH FEDERAL HIGH	HWAY			
	ALE BEACH, FL 33	8009 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 246	TH FEDERAL HIGH ALE BEACH, FL 33				
FEI Number:	55-0873073 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N			Name and Address	Name and Address of New Registered Agent:	
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130 US			4000 HOLLÝWOOD E SUITE 265-SOUTH	EISENGER, BROWN, LOUIS & FRANKEL, PA 4000 HOLLYWOOD BOULEVARD SUITE 265-SOUTH HOLLYWOOD, FL 33021 US	
	named entity subm of Florida.	its this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: DENNIS EISINGER				04/21/2006	
	Electronic Sig	gnature of Registered Age	ent	Date	
Election Can	npaign Financing Trus	t Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTSD () Delet LOUIS, JONATHAN B 1001 NORTH FEDER. HALLANDALE BEACH	AL HWY., STE 246	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delet LOUIS, MICHELLE M 1001 NORTH FEDER. HALLANDALE BEACH	AL HWY., STE 246	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN B. LOUIS DP 04/21/2006