

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90039 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                     |                                                                                                                                                  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>DOCUMENT # P04000096412</b><br>1. Entity Name<br><b>PROSPECT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                     |                                                                                                                                                  |  |  |
| Principal Place of Business<br><b>1528 S DIXIE HWY<br/>POMPAN0 BCH, FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                     | Mailing Address<br><b>1528 S DIXIE HWY<br/>POMPAN0 BCH, FL 33060</b>                                                                             |  |  |
| 2. Principal Place of Business<br><i>1528 S Dixie Hwy</i><br>Suite, Apt. #, etc.<br><i>Pom 12 beach FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                     | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br><i>33060</i>                                                     |  |  |
| Country<br><i>Florida</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                     | 4. FEI Number <b>77-0643385</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                     | 03102005 Chg-P CR2E034 (10/03)                                                                                                                   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LABIDOU, JOSEPH F<br/>1528 S DIXIE HWY<br/>POMPAN0 BCH, FL 33060</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                     |                                                                                                                                                  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                     |                                                                                                                                                  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 4-11-05</b>                                                                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DST<br>LABIDOU, JOSEPH F<br>1528 S DIXIE HWY<br>POMPAN0 BCH, FL 33060 | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PD<br>LABIDOU, MARC<br>1528 S DIXIE HWY<br>POMPAN0 BCH, FL 33060      | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VPD<br>DOUZE, CARLINE<br>1528 S DIXIE HWY<br>POMPAN0 BCH, FL 33060    | <input checked="" type="checkbox"/> Delete                                                                          |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                                                  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                                                                       |                                                                                                                     |                                                                                                                                                  |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | 3-11-05 954-786-1613                                                                                                |                                                                                                                                                  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Date Daytime Phone #                                                                                                |                                                                                                                                                  |  |  |

[illegible]