2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000102412

1. Entity Name PROSPERITY RESOURCES, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

724 CABLE BEACH LANE NORTH PALM BEACH, FL 33410 724 CABLE BEACH LANE NORTH PALM BEACH, FL 33410



04052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2471475 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JERRY R 724 CABLÉ BEACH LANE NORTH PALM BEACH, FL. 33410

	·			in i	HIS SPACE
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	Signature, typed or printed name of registered agent and title if	applicable. {NOTE: Registered Ag	ent signature	required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ıg 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JERRY R 724 CABLE BEACH LANE NORTH PALM BEACH, FL 33410				V00000698581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, SHIRLEY A 724 CABLE BEACH LANE NORTH PALM BEACH, FL 33410				04/19/07-80008-008 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2!P		,			
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attactment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE