## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000132978

FILED Jun 02, 2005 Secretary of State

Entity Name: PRO-SOURCE RESTORATIONS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1505 S W 25TH STREET FT. LAUDERDALE, FL 33312	4423 HAMLET COURT KISSIMMEE, FL 34746
Current Mailing Address:	New Mailing Address:
1505 S W 25TH STREET FT. LAUDERDALE, FL 33312	4423 HAMLET COURT KISSIMMEE, FL 34746
FEI Number: FEI Number Applied For (X) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
KAREYVA, ALBERT 1505 S W 25TH STREET FT. LAUDERDALE, FL 33312 US	KAREYVA, ALBERT J III 1505 S W 25TH STREET FT. LAUDERDALE, FL 33312 US
The above named entity submits this statement for the purpose of in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: ALBERT J KAREYVA III	06/02/2005
Electronic Signature of Registered Agent  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:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: ( ) Delete Name: Address: City-St-Zip:	Title: PST () Change (X) Addition Name: KISER, SHAWNA M Address: 4423 HAMLET COURT City-St-Zip: KISSIMMEE, FL 34746
Title: ( ) Delete Name: Address: City-St-Zip:	Title: VPD ( ) Change (X) Addition Name: KAREYVA, ALBERT J III Address: 1505 SW 25TH STREET City-St-Zip: FT LAUDERDALE, FL 33312
Title: ( ) Delete Name:	Title: VPD ( ) Change (X) Addition Name: ALLISON, JOHN

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: SHAWNA M KISER **PST** 06/02/2005