

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90483 016 \*\*\*150.00

<b>DOCUMENT # P04000148451</b>						
<b>1. Entity Name</b> PROLINE DIVERSIFIED, INC.						
<b>Principal Place of Business</b> 230 COUNTRY CLUB DRIVE TITUSVILLE, FL 32780			<b>Mailing Address</b> 3604 GINGER STREET MIMS, FL 32754			
<b>2. Principal Place of Business</b> 975 Palemo Rd		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Titusville FL		<b>City &amp; State</b>		<b>4. FEI Number</b> X54-2161628		
<b>Zip</b> 32780		<b>Country</b> Beverly		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  CORNS, BRUCE 3604 GINGER STREET MIMS, FL 32754			<b>7. Name and Address of New Registered Agent</b>			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			Zip Code			
FL			FL			
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when constituting)						
Signature, typed or printed name of registered agent and title if applicable						
DATE						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> 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 11</b>			
<b>TITLE</b> PD	<b>NAME</b> FERRAILOLO, MIKE		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3604 GINGER STREET	<b>CITY-ST-ZIP</b> MIMS, FL 32754			<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b> STD	<b>NAME</b> CORNS, BRUCE		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3604 GINGER STREET	<b>CITY-ST-ZIP</b> MIMS, FL 32754			<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>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>						
<b>SIGNATURE:</b> <i>James C. Corns</i>			4-28-05 383-0869			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			