2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153649

Entity Name: PROSWEEP INC.

FILED Feb 05, 2007 Secretary of State

4665 SW 28TH AVE 149 SE CAROB GLEN FT. LAUDERDALE, FL 33312 LAKE CITY, FL 32025

Current Mailing Address: New Mailing Address:

4665 SW 28TH AVE 149 SE CAROB GLEN FT. LAUDERDALE, FL 33312 LAKE CITY, FL 32025

FEI Number: 76-0775292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, DEAN L
4665 SW 28TH AVE
FT. LAUDERDALE, FL 33312 US

NEWCOMB, WILLIAM B
2313 SW CARPENTER RD
LAKE CITY, FL 32024 US

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.

SIGNATURE: WILLIAM B NEWCOMB 02/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O () Delete Title: D (X) Change () Addition

 Name:
 SMITH, DEAN L
 Name:
 SMITH, DEAN L

 Address:
 4665 SW 28TH AVE
 Address:
 149 SE CAROB GLEN

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:
 LAKE CITY, FL 32025

Title: D () Delete Title: O (X) Change () Addition

 Name:
 SMITH, STEPHANIE L
 Name:
 SMITH, STEPHANIE L

 Address:
 4665 SW 28TH AVE
 Address:
 149 SE CAROB GLEN

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:
 LAKE CITY, FL 32025

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 TAYLOR, JOHN H

 Address:
 Address:
 107 CHICKORY LANE

 City-St-Zip:
 City-St-Zip:
 CANTON, GA 30114

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: STEPHANIE L SMITH O 02/05/2007