2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000162744 02-05-2007 90093 026 ***150.00 PRONTO ACOUSTICAL CEILINGS, INC. Principal Place of Business Mailing Address 6803 123RD AVE N 6803 123RD AVE N 60011251 LARGO, FL 33773 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 30944 Harper Branch Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For WesLey 20-1906772 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 45 C 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent pinosa - Mora - Juan ESPINOSA-MORA, JUAN Street Address (P.O. Box Number is Not Acceptable) 30944 Harper Branc 6956 123RD AVE N LARGO, FL 33773 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agen-SIGNATURE A typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Dξ Dir / President TITLE 12 Change Delete TITLE ESPINOSAMORA, JUAN P NAME NAME Espinosa STREET ADORESS 6803 123RD AVE. NORTH STREET ADDRESS 30944 LARGO, FL 33773 C/TY-ST-ZIP CITY-ST-7IP TITLE D-:-Delete TITLE ☐ Addition NAME ESPINOSA, LOREY HALEF 30944 6803 123RD AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP ☐ Defets Addition TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR REINTED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone

FILED

Feb 05, 2007 8:00 am