

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068103

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: PROPERGANDA, INC.

## Current Principal Place of Business:

778 MOORING LINE DRIVE  
NAPLES, FL 34102 US

## New Principal Place of Business:

501 GOODLETTE ROAD NORTH  
B304  
NAPLES, FL 34102 US

## Current Mailing Address:

778 MOORING LINE DRIVE  
NAPLES, FL 34102 US

## New Mailing Address:

501 GOODLETTE ROAD NORTH  
B304  
NAPLES, FL 34102 US

FEI Number: 59-3818454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BORSUKOFF, BETTY J  
1288 VENETIAN WAY  
NAPLES, FLORIDA, FL 34110 US

## Name and Address of New Registered Agent:

PROPER, ERICSON A  
778 MOORING LINE DRIVE  
NAPLES, FL 34110 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: ERICSON A PROPER

09/05/2006

Electronic Signature of Registered Agent

Date

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:

Title: P ( ) Delete  
Name: PROPER, ERICSON A  
Address: 778 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102 US

Title: VP ( ) Delete  
Name: PROPER, ERICSON A  
Address: 778 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102 US

Title: SEC ( ) Delete  
Name: PROPER, ERICSON A  
Address: 778 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102 US

Title: TRES ( ) Delete  
Name: PROPER, ERICSON A  
Address: 778 MOORING LINE DRIVE  
City-St-Zip: NAPLES, FL 34102 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ERICSON A PROPER

P

09/05/2006

Electronic Signature of Signing Officer or Director

Date