

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90034 021 ***150.00

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DOCUMENT # P05000126239 1. Entity Name PRO-INVESTIGATIVE SERVICES, INC.					
Principal Place of Business 4044 W. LAKE MARY BLVD. UNIT 104-#355 LAKE MARY, FL 32746			Mailing Address 4044 W. LAKE MARY BLVD. UNIT 104-#355 LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box # 467 Hamptoncrest Circle		3. Mailing Address 467 Hamptoncrest Circle			
Suite, Apt. #, etc. # 301		Suite, Apt. #, etc. # 301			
City & State Lake Mary, FL		City & State Lake Mary, FL		4. FEI Number 20-3466133	
Zip 32746		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VON DOHLEN, RHONNA L 4044 W. LAKE MARY BLVD. UNIT 104-355 LAKE MARY, FL, FL 32746			7. Name and Address of New Registered Agent Name Rhonna L von Dohlen Street Address (P.O. Box Number is Not Acceptable) 467 Hamptoncrest Circle # 301 City Lake Mary FL Zip Code 32746		
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. SIGNATURE <u>Rhonna L von Dohlen, Rhonna L von Dohlen</u> DATE <u>1/21/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PROEHEL, GEORGE 467 HAMPTONCREST CIRCLE #301 HEATHROW, FL 32746		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u>George Proechel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/21/07</u> Daytime Phone # <u>407-977-2760</u>		