

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034884

FILED
Mar 28, 2007
Secretary of State

Entity Name: PRO TREATMENT ENTERPRISES INC.

Current Principal Place of Business:

525 MANDALAY AVE
SUITE 12
CLEARWATER, FL 33767 US

New Principal Place of Business:

18175 MASON SMITH RD
BROOKSVILLE, FL 34604 US

Current Mailing Address:

525 MANDALAY AVE
SUITE 12
CLEARWATER, FL 33767 US

New Mailing Address:

18175 MASON SMITH RD
BROOKSVILLE, FL 34604 US

FEI Number: 56-2563940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONKLIN, LAURALEE
525 MANDALAY AVE
SUITE #12
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

CONKLIN, LAURALEE
18175 MASON SMITH RD
BROOKSVILLE, FL 34604 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: LAURALEE CONKLIN

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONKLIN, LAURALEE
Address: 525 MANDALAY AVE #12
City-St-Zip: CLEARWATER, FL 33767 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CONKLIN, LAURALEE
Address: 18175 MASON SMITH RD
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: VP () Change (X) Addition
Name: WANDACHOWICZ, BOGDAN
Address: 18175 MASON SMITH RD
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: ADM () Change (X) Addition
Name: LATELLE, CAROLE
Address: 18175 MASON SMITH RD
City-St-Zip: BROOKSVILLE, FL 34604 US

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: LAURALEE CONKLIN

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

Date